FIRST REPORT OF INJURY OR ILLNESS

FLORIDA DEPARTMENT OF FINANCIAL SERVICES **DIVISION OF WORKERS' COMPENSATION**

For assistance call 1-800-342-1741 or contact your local EAO Office Report all deaths within 24 hours 1-800-219-8953 or (850) 922-8953

RECEIVED BY CLAIMS-HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION RECEIVED DATE

1(a) Denied Case - DWC	-12, Notice of Denial Attached	2. Medical On	ly which became Lost Time Case (Complete all required information in #3)
1(b) Indemnity Only Denie	ed Case - DWC-12, Notice of Denial Att	ached Employee's	8 TH Day of Disability / /
3. Lost Time Case - 1st d	ay of disability//	550	owledge of 8 [™] Day of Disability////
Date First Payment Mai	iled / / /	AWW	Comp Rate
□ T.T. □ T.1	Г 80% П Т.Р. П I.В.	☐ P.T. ☐ DEATH [SETTLEMENT ONLY
Penalty Amount Paid in	1st Payment \$ Interes	est Amount Paid in 1 st Payment \$	
REMARKS:	INSURER NAME		
			POIK COUNTY BOCC CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE
INSURER CODE #	EMPLOYEE'S CLASS CODE	EMPLOYER'S NAICS CODE	Commercial Risk Management, Inc. P O Box 18366
SERVICE CO/TPA CODE # 6042	CLAIMS-HANDLING ENTITY FILE #		Tampa, Florida 33679-8366 813-289-3900
Form DFS-F2-DWC-1 (03/2009)			NOV 3 0 2018

DIVISION COPY



EMPLOYEE ACTION FORM POLK COUNTY BOCC

		EMAI	LEDMY
DOME	ACTION FORM UNTY BOCC	JAN 0	8 2018
EMPLOYEE NAME: James Williams	Employee ID#: 11286	DATE: 12/31/2018	Colin
DIVISION: Fire Rescue		DOH: 01/08/2009	MIC.
ACTION BEING TAKEN: (CHECK APPROPRIATE BLOCK(S) AND C Written Counseling Written Reprimand Suspension With Pay Involuntary Transfer Removal From Probation	■ Suspension With	rovement Probation	,
** Has employee had prior verbal counseling relevant to this is	ssue? YES	NO	
PROBATION: To become effective on	,/ atAM/PN	Λ	
To end/return to work on	, / atAM/PN	1	
SUSPENSION: To become effective on illolla	,/at_0890 AM/PN	1	
To end/return to work on / / / / / / /			_
ATTACHMENTS: 10 Pages of relevant documentation	on leading up to and resulting in	the recommended action	1.
THIS NOTICE WAS: GIVEN IN PERSON			
If this notice was received through the mail, you are responsed to this Pre-Disciplinary form as to whether you do			on
YOUR RIGHTS A	S AN EMPLOYEE		
IN ACCORDANCE WITH POLK COUNTY POLICY 13.02 PERTAL YOUR WRITTEN NOTIFICATION. AS A REGULAR EMPLOY COMPLETED THE INITIAL PROBATION PERIOD, YOU HAVE TA SUSPENSION WITHOUT PAY, TERMINATION, PERFORD DEMOTION FOR DISCIPLINARY REASONS. YOU HAVE THE RICE YOU ORALLY AND/OR IN WRITING WITH OR WITHOUT SURIGHT TO APPEAR BEFORE A PRE-DISCIPLINARY CONFICENCE, YOU MAY BE ACCOMPANIED BY LEGAL CO YOU ELECT LEGAL COUNSEL, PLEASE BE ADVISED THAT YOU AND/OR SPEAKING FOR YOU. YOUR ATTORNEY CAN NOT THIS MEETING.	TEE NOT EXEMPT FROM APTHE RIGHT TO A PRE-DISCIPLING APPROVEMENT PROBLEM TO THE CHAPPORTING AFFIDAVITS OR STREETE OF THE CHAPPORTING AFFIDAVITS OR STREETE OF THE REPRESEN UNSEL OR OTHER REPRESEN YOUR ATTORNEY'S ROLE WITTEN	PEAL PROCEDURE, WINARY CONFERENCE PROBATION OR INVOLUTION AT ACTION AT ATEMENTS, AS WELL ELECT A PRE-DISCIPLATIVES OF YOUR CHOICL BE LIMITED TO ALL ON THE DECISION MARKETS	HO HAS RIOR TO UNTARY AGAINST AS THE PLINARY OICE. IF DVISING
I, DO NOTREQ	UEST A PRE-DISCIPLINARY HE	ARING.	
Pre-Disciplinary Conference: Date:Time:	AM/PM Place		
Conference Official			
I understand that I have the right to present evidence orally or in writing also understand that if I do not return this request for a Pre-disciplina 13.02 of the Employee Handbook, I forfeit all rights to said conferences a hearing and disagree with the decision of the Conference Of the Post-Disciplinary Appeals Procedure in the Employee Handbook, standard that I have the Post-Disciplinary Appeals Procedure in the Employee Handbook, standard that I have the Post-Disciplinary Appeals Procedure in the Employee Handbook, standard that I have the right to present evidence orally or in writing all the Post-Disciplinary Appeals Procedure in the Employee Handbook, standard that I have the right to present evidence or a Pre-disciplina to said conference or	ry Conference within seven (7) cal erence and/or any other appeals p fficial in my case, I do have a righ	endar days as indicated in process. I also understand	section that if I
Signature of Employee		Date	
Signature of Supervisor		Date	

ADDITIONAL INFORMATION

CIRCUMSTANCES: (Briefly describe what happened) 1. On November 23, 2018, Captain James Williams recorded a video of a fatal fire on Rockridge Road, Captain Williams posted this video on social media to a group of angency employees and a non-agency employee. This was a violation of the Polk County BOCC Employee Handbook 10.08 Page 104 (Electronic Communications Policy) and the Polk County Fire Rescue SOP 100 Series No. 108 (Social Media/Networking Policy) and Series No. 109 (Photography and Digital Imagery Policy). 2. **EXPECTATIONS OF EMPLOYEE:** (Including liability of continued non-conformance) Captain Williams shall know and follow all Polk County BOCC and Polk County Fire Rescue policies and procedures. Captain Williams will not violate any BOCC or PCFR policies or procedures. Any violations of BOCC or PCFR policies or procedures will lead to further disciplinary action up to and including termination. 3. MANAGEMENT PLAN: Management will monitor Captain Williams to ensure that he follows all BOCC or PCFR policies and procedures. X INO FOLLOW-UP REVIEW: ☐]YES IF YES, WHEN:____ 4. **EMPLOYEE COMMENTS:** 5. DIVISION DIRECTOR SIGNATURE

DATE

1/9/19
DATE

DATE

SUPERVISOR SIGNATURE

EMPLOYEE SIGNATURE

(Revised 04/15)

C:\Documents and Settings\eo003734\Desktop\Forms\EMPLOYEE ACTION FORM.doc



POLK COUNTY FIRE RESCUE

100 Series

No. 108

Pages 1-4

Revised: 1/4/16

Social Media/Networking Policy

Associated Directives:

PCFR SOP 102, 107, 109, 113, 119, 207

BoCC Policies: Handbook 10.08

POLICY: It is the policy of Polk County Fire Rescue Division ("PCFR" or "Division") of Polk County, a political subdivision of the State of Florida ("County"), to respect the Constitutional and statutory rights of all members and the public. While all PCFR members have the right to use personal social networking pages or sites, members are public servants who are held to a higher standard than that of the general public with regard to standards of conduct and ethics. Members have an affirmative obligation while using social media to ensure they do not become viewed as spokespersons for PCFR except when duly authorized. This PCFR Social Media Policy shall be construed in conjunction with the Social Media Policy governing all Polk County employees, provided in the County's Employee Handbook. In the event that any specific conflict exists between the County's Social Media Policy and this PCFR Social Media Policy, the County's Social Media Policy shall govern.

It is the policy of PCFR that all personnel will maintain a level of professionalism in both on-duty and offduty conduct that is consistent with the honorable mission of the Division and in a way that will not cause actual harm or disruption to the mission and functions of the Division or place the County in a position of public disrepute.

PURPOSE: The purpose of this policy is to provide guidance and direction to members of PCFR with respect to the use of social media, which should be broadly understood to include the Internet, the World Wide Web, blogs, wikis, microblogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites and other sites and services that permit users to share information with others in a contemporaneous manner. This guidance is intended to help clarify the boundaries between appropriate and inappropriate use of social media by PCFR personnel in a way that helps to protect members' careers while preserving the public's confidence in the Division. Nothing contained in this policy is intended in any way to unlawfully restrict a member's right to:

- A. Discuss as a private citizen, matters of public concern to the extent protected by the First Amendment, nor
- B. Engage in concerted activity with co-workers to the extent protected by collective bargaining

This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees.

DISCUSSION: The proper functioning of any fire and emergency service organization depends upon the public's confidence and trust in the individual firefighters, officers, and Division as a whole to carry out our mission. Any matter which brings discredit to individual firefighters, officers, or the Division has the corresponding effect of reducing public confidence and trust in our organization, thus impeding our ability to work with and serve the public.

Professionalism is a significant factor in high level performance which, in turn, builds the public's confidence and trust. Conduct that erodes the public trust and confidence, or that may lead members of the public to conclude that the individuals who make up the Division are biased, be it based upon race,

ethnicity, national origin, skin color, gender, age, disability, religion, or sexual orientation/identification, impedes the mission and functions of PCFR.

DEFINITIONS:

Harassment - is the systematic and/or continued unwelcome actions of one party or group intended to demean, threaten, intimidate, or alarm another party or group.

Hate speech - is speech that attacks a person or group on the basis of attributes including race, ethnic origin, national origin, skin color, gender (including status as pregnant or nursing), religion, disability, age, or sexual orientation, indicating a level of intolerance or hostility that is incompatible with a commitment to serve all members of the community.

Social media - web based technology tools that enable people to communicate electronically via the Internet and the World Wide Web to share information and resources. Social media can include the sharing and exchange of electronic data, text, audio, video, images, podcasts, web casts, and other multimedia information in virtual communities and networks. Examples include but are not limited to: Facebook, Twitter, MySpace, YouTube, Pinterest, LinkedIn, myLife, Flickr, Yelp, Second Life, Foursquare, Meetup.com and Google+.

Social networking - the act of connecting to others through the use of social media

Speech: Expression or communication of thoughts or opinions in spoken words, in writing, by expressive conduct, symbolism, photographs, videotape, or related forms of communication.

Spokesperson for the Division: A member, employee, contractor, consultant, third party vendor, temporary employee, intern, volunteer, auxiliary or any other individual with/or under the direction of the BoCC or PCFR who makes a statement:

- On behalf of the Division:
- · In his/her capacity as an employee or member of the Division; or
- . In such a way that it may reasonably be attributed to the Division

108.1 ENGAGEMENT OF SOCIAL NETWORKING ACTIVITIES:

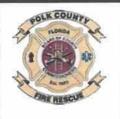
- A. No member shall post, disseminate, or in any other way broadcast as a **private citizen** on a **matter of public concern** in such a way as to cause actual harm or disruption to the mission and functions of the Division. Examples of conduct that may cause actual harm or disruption to the mission and functions of the Division include but, are not limited to posts that:
 - 1. impair harmony among co-workers, neighboring Divisions, and operational partners,
 - 2. has a detrimental impact on close working relationships among coworkers,
 - has a detrimental impact on the relations between the Division and the community PCFR protects, and
 - 4. are contrary to County policy or PCFR's directives and/or procedures; and harmful to the proper functioning of the Division.
- B. Members may post, disseminate or broadcast on a matter of public concern as a spokesperson for the Division only with permission through chain of command. Members shall at all times exercise diligence to avoid holding themselves out as spokespersons for the Division except when duly authorized. For this reason, when using social media, members shall not in any way represent themselves as a member of, employee of, or spokesperson for, this Division without prior approval from the Fire Chief. This shall include, but shall not be limited to:

- 1. Text which identifies this Division by name, abbreviation, or reference,
- 2. Images that depict the logos, patches, badge or other identifying symbol(s) of this Division,
- 3. Accounts of incidents or events which occur within this Division for which the member may be viewed by the public as an official or unofficial Division spokesperson,
- 4. Any other material, text, audio, video, photograph, or image which would be identifiable to this Division, and
- 5. Use of title, rank or assignment as well as any reference to this Division in any correspondence to include emails, postings, blogs, twitter, social network sites, user names, or screen names, unless the communication is of an official nature and is serving the mission of this Division. This prohibition also includes signature lines in personal email accounts. A member may seek prior Division approval for such use.
- C. PCFR Members are prohibited from posting, disseminating, or broadcasting Division matters that are not of a public concern, unless doing so is for the purpose of engaging in concerted activities relative to workplace issues. Specifically, this provision does not prohibit PCFR members from discussing terms and conditions of employment among themselves or with non-members for the purpose of engaging in concerted activities. However, in doing so PCFR 'members must ensure that they are not perceived as being a spokesperson for the Division nor that the posting could be attributable to the Division.
- D. Members shall not post, disseminate or broadcast information that is known to be false, deceptive, libelous, slanderous, misleading or causes harm to others, including speech that constitutes hate speech, or harassment; nor shall members discuss protected or confidential matters of the Division, including:
 - 1. Matters that are under investigation;
 - 2. Patient and employee information protected by HIPAA and/or medical confidentiality laws; or
 - 3. Personnel matters that are protected from disclosure by law.

This provision does not prohibit members from discussing terms and conditions of employment among themselves or with non-members for the purpose of engaging in concerted activities.

- E. Members shall not post, disseminate, or broadcast Division owned images or audio recordings unless authorized to do so, or unless such images or audio are available to the public pursuant to the public records law. If such images or audio have been released as public records members shall ensure they release such information as private citizens, and not in such a way that they will be perceived as being spokespersons for the Division.
- F. Members shall maintain an appropriate level of professionalism and conduct so as not to post, disseminate, or broadcast in a manner which is detrimental to the mission and function of this Division. This provision is not intended to restrict the content of a posting that is protected by the First Amendment or collective bargaining laws, but rather is intended to apply to the use of indecent, offensive or vulgar terms; the posting of materials of a pornographic nature; harassment that adds no additional facts or information to a public discourse; or engaging in illegal activities.
- G. Member shall not use social networking to post content of a sexually graphic nature, violate copyright laws, or engage in illegal activities.

- H. Harassment, bullying, discrimination, or retaliation against a co-worker that would not be permissible in the workplace is not permissible between co-workers online, even if it is done offduty, from home and on personal computers or devices.
- I. Employees are permitted limited personal use of BoCC technology provided their supervisor grants prior approval. Personal use of county technology must be approved for each device. (Refer to Employee Handbook 10.08 Technology Resources Acceptable Use Policy)
- J. Because social media is an emerging form of communication, the Division permits employees to engage in limited social media activity in the workplace and/or while on duty, similar to receiving a personal text message or a telephone call of limited duration. Employees choosing to do so, however, are expected and required to use proper judgment and discretion, recognizing that even very brief periods of social media activity can collectively amount to significant periods of time. Supervisors are authorized to restrict or prohibit workplace/ on-duty social media activity, as appropriate.
- K. PCFR Members are prohibited from engaging in social networking activities that involves the recording or transmission of imagery or audio while on duty; while off-duty and acting in an official capacity; while on fire Division property; while in fire Division facilities; while on or in fire Division apparatus or vehicles; or while in uniform or while wearing such portion of the uniform so as to make the member identifiable as a member of this Division. As pertains to this provision, imagery includes still photos or video taken and posted, disseminated or broadcasted via the internet immediately or within a short period of time thereafter, as well as live streaming imagery.
- L. This policy shall not apply to personal communications between a member and members of his/her immediate family involving Facetime, Skype, or similar platforms.



POLK COUNTY FIRE RESCUE

100 Series

No. 109

Pages 1-4

Revised: 2/6/16

Photography and Digital Imagery Policy

Associated Directives:

PCFR SOP 102, 113, 119, 207, 631, 634, 635

BoCC Polices: Handbook 10.08

POLICY: It is the policy for the Polk County Fire Rescue (PCFR) to establish guidelines and procedures for the collection, use, distribution and storage of images captured using conventional film, digital photography and video recording by members while engaged in the performance of their official duties. It is the policy for PCFR members to respect of privacy interests of agency personnel, patients, fire victims, and the public, and to comply with the Florida public records statute 119.

PURPOSE: The purpose of this policy is to manage photographs and digital images taken by Polk County Fire Rescue (PCFR) personnel in accordance with Florida state law, in such a way that the privacy rights of agency personnel, patients, fire victims, and the public are preserved; that evidentiary concerns related to such images are protected; and the professional image of the agency is maintained.

This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this agency for non-judicial administrative action in accordance with the laws governing employee discipline.

DEFINITIONS:

Images: Photographs, digital photographs, digital images, video recordings, or electronic files containing a graphic image or series of images, as well as any digital reproductions or copies of such photographs, digital photographs, digital images, video recordings, or files. This definition shall extend to derivations of the term images, including image, imagery and imaging.

Digital imaging device: Any device capable of producing a digital image, including but not limited to a digital camera or digital camcorder.

109.1 ON-DUTY PHOTOGRAPHY

- A. Members shall take all images with agency owned/issued equipment while on-duty or acting in an official capacity. Members are prohibited from using a non-agency owned camera, video recorder, audio recorder, or the camera/video/audio function of a non-agency owned cellular phone, PDA, or any other digital imaging device while on-duty. The fire chief or his/her designee may grant an exception to this rule on an individual basis. Any permission granted by the fire chief or his/her designee shall be in writing and shall indicate any conditions or limitations upon the employee.
- B. A basic condition of any employee using a non-agency owned camera, video recorder, audio recorder, or the camera/video/audio function of a non-agency owned cellular phone, PDA, or any other digital imaging device while on-duty is that the Fire Chief or his/her designee may inspect the device at any time. In addition, the member must comply with all other aspects of this policy as if the image was taken with an agency-owned device.

- C. Members who have been trained on compliance with this policy and who have been approved by the Fire Chief or the Communications Division Director shall be permitted to take images pursuant to this policy.
- D. All images should be taken in color without any filter to alter the original format. Members should review the images taken prior to leaving an incident scene to ensure that no additional images are needed or required.
- E. All images shall be preserved and shall not be deleted without written permission of the Communications Division Director, except as permitted by the record retention policy.
- F. All images taken by members are the sole property of the Polk County Board of County Commissioners (BoCC), PCFR Division, and are under the control of the Communications Division Director, Fire Chief or his/her designee. This specifically includes any images taken inadvertently with a non-agency owned camera, cell phone camera, or any other digital imaging device by a member while on-duty or acting in an official capacity.
- G. Any member who inadvertently takes such an image shall report the fact immediately through the chain of command. Members shall not be disciplined for inadvertent violations that are duly and immediately reported.
- H. Members are expressly prohibited from taking any images of another person in any location where a person has a reasonable expectation of privacy, including, but not limited to, a bathroom, bedroom, locker room, changing area, or any other location where a reasonable person would believe that he or she could disrobe in privacy, without being concerned that his or her undressing was being photographed, filmed, or videotaped by another; or in a place where one could reasonably expect to be safe from hostile intrusion or surveillance.

109.2 INCIDENT SCENES

- A. Members are prohibited from using a non-agency owned camera, video recorder, audio recorder, or the camera/video/audio function of a non-agency owned cellular phone, PDA or any other digital imaging device while responding to, operating at, or returning from, any incident. Any member who inadvertently takes such an image at an incident scene shall report the fact immediately through the chain of command to the incident commander at the earliest possible opportunity. Members shall not be disciplined for inadvertent violations that are duly and immediately reported.
- B. On scene photography or video taken by members while on-duty or acting in an official capacity shall be for incident documentation, evidentiary, training, investigation, and/or public relations purposes only. Such images taken by members while on-duty or acting in an official capacity shall be taken by or with the approval of the incident commander in charge of the scene, using approved agency equipment, or as approved by the Fire Chief.
- C. The taking of imagery shall not interfere with nor delay operational activities, except to the extent that imagery of a fire's cause and origin may require overhaul to be momentarily delayed.
- D. All photographs and video containing individually identifiable patient information shall be presumed to be covered by HIPAA and state privacy laws and shall be protected in the same manner as patient care reports and medical documentation.

109.3 HANDING AND PRESERVATION OF IMAGES

- A. The Polk County Communications Division is the archiver for all photography, and digital imagery and audio media for the BoCC and maintains a library for public education, public relations, training, investigation and public records purposes.
- B. PCFR owned images shall not be used, printed, copied, scanned, e-mailed, texted, forwarded, posted, uploaded, shared, reproduced or distributed in any manner, except as provided herein. This prohibition specifically includes the posting of any images on personal Web sites such as, but not limited to: Face Book, MySpace, Pinterest, Flickr, Google+, Twitter, or YouTube; posting to public safety Websites; or e-mailing to friends, relatives, colleagues, or other third parties.
- C. All PCFR digital images as described in this policy shall be downloaded from the digital imaging device as soon as possible after they are taken, and will be cataloged and stored in a secure database with controlled access. After being downloaded and verifying that the downloading is successful, the images on the digital imaging device's memory card shall be erased.
- D. All media related to an emergency incident scene will be electronically attached to the related incident report.
- E. All media created in accordance with this policy shall be submitted to the Polk County Communications Division via the following procedures.
 - The "Incident Information Form", located on the Hub under Forms > Fire Rescue, shall be completed and saved to the folder with the incident/event photos in conjunction with the submission of all media files.
 - Media files shall be uploaded via the Public Safety First Response Photo Uploader located on the desktop of the station computer.
 - a. Fill in the Event Description and Location box with a description and location of the incident/event. Example No.1: MVC 540A and Carter Road. Example No.2: School Group Visit Station 480.
 - b. Using the "Select Folder" button, navigate to the folder containing the event photos and Incident Information Sheet and click Select Folder.
 - c. Click "Upload Documents"
- F. Members shall delete all media files from its original source only after they are attached to the incident report, if applicable, and uploaded via the Public Safety First Response Photo Uploader using the above procedures.
- G. Media taken in accordance with this policy shall be uploaded before the end of the member's shift.
- H. All imagery taken by members while on-duty or acting in an official capacity must be submitted and then deleted in accordance with established procedures. Any deviation from this policy may be a violation of F.S.S. 119.
- I. Digital images in the secured databases shall not be accessed by any party, or altered via software product or utility such as Photoshop, unless express permission is granted in writing by the Polk County BoCC's Communications Division Director or his/her designee.

- J. If permission to alter a photo is granted, the original photo shall not be altered in any way, and any copies that are altered shall be appropriately initialed and documented as to being an altered copy. The following details of the alteration will be noted and preserved:
 - Notation of what was altered (cropped, lightened, darkened, etc)
 - 2. The name and rank of the member performing the alteration
 - 3. The time and date of the alteration
- K. The use of PCFR images shall be subject to approval of the Polk County BoCC's Communication Division Director or his/her designee. Prior to the release of any image, the image shall be evaluated by the Communications Division Director or his/her designee to ensure that the release will not result in a breach of patient confidentiality or breach of privacy, and that the release will, in all other respects, be lawful.
- L. PCFR member desiring to use an agency owned image shall submit a written request to the Communications Division Director and the Fire Chief identifying the image or images requested.
- M. Members shall not post disseminated distribute or release any agency owned image in such a way that the releasing member may be viewed as by the media or members of the public as being a spokesperson for the agency, except when duly authorized to do so.
- N. The use of unauthorized helmet cams and dash cams is strictly prohibited, and shall be considered a serious disciplinary breach for the member involved and any supervisor who permits such use.
- Use of agency cameras to take images for personal purposes is strictly prohibited.
- P. Violation of this policy or failure to permit inspection of any device covered in this policy may result in disciplinary action up to and including termination.
- Q. Members who are off-duty but acting in an official capacity shall be required to comply with all of the requirements of this policy. The following shall be considered acting in an official capacity while off-duty:
 - 1. Members who are in uniform or are identifiable as members of this agency by virtue of the clothing they are wearing.
 - 2. Members who utilize their credentials or identify themselves as PCFR personnel to access areas of the incident scene that are not open to the public

109.4 PERSONAL IMAGES - EXCEPTIONS

- A. This policy shall not apply to images taken by on-duty personnel with a personally owned device for purely personal and non-business purposes, including images of friends and family members during a fire station visit, and co-workers posing for a group photo.
- B. This exception shall not apply to imagery taken at emergency scenes, training events, or during other official activities of the agency, nor shall any such photo be taken if it may have any training, operational, documentation, or evidentiary value.
- C. Imagery taken pursuant to this exception shall not contain profanity, nudity or partial nudity, horseplay, hazing, harassment, be offensive, or depict vulgar or sexually suggestive images.
- D. Imagery taken pursuant to this exception shall not be used or sold for profit.

E. Any image taken pursuant to this exception that captures business related matters of the agency that make it subject to the public records law, shall be considered to be an agency image and must comply with the procedures required for agency owned images, including the need to archive and the need to request formal permission. BOCC Employee Handbook

Photo and Video

Photos and videos taken with county-issued technology are intended for BoCC business use only.

These include, but are not limited to:



- Flip cams
- Video recorders, go-pros
- Cell/smart phones
- Tablets and
- Digital cameras.

The employee's supervisor must preapprove the personal use of county photo and video equipment. Division directors are responsible for their employee's personal use of county photo and video equipment.

Communications Division has an extensive Photo/Video policy regarding photo and video images taken by county employees on personal and county-issued equipment. All photographs/videos taken by a BoCC employee within the scope of their employment falls under copyright law and are the property of the Board of County Commissioners. Employees may not release, use or publish any photographs, still images, video or audio recording of official division activities without written permission of their division director and the communications director.

All images captured with county-owned technology, or a county employee using their own technology within their scope of employment, are considered public record. Once such photos and/or videos are taken, they must be uploaded to the network for storage and retrieval. Contact the IT Service Desk or Communications Division for assistance with uploading and storing photos and/or videos if needed.

The Communications Division Photo/Video policy supersedes this policy, however, unacceptable use of photos and videos includes:

- BoCC employees taking/shooting, transmitting, downloading or uploading any BoCC-related photos or videos without written permission to:
 - Social networking sites
 - Personal web sites
 - Video sharing and picture sharing sites, such as YouTube or Flickr
- Prohibiting photos/videos that include:
 - Embarrassing, funny or unprofessional images of BoCC employees
 - o Employees in BoCC uniforms while not on duty
 - Residents, patients or vendors without a signed photo release form
 - County buildings (internal and external), offices, facilities
 - o Operations, vehicles, equipment
 - O Confidential data and internal documents
 - Communications Decency Act, Title 47, U.S. Code violations.

Printers, Copiers and Copier Work Centers



Printers, copiers and copier work centers are intended for BoCC business use. The employee's supervisor must preapprove their personal use. Division directors are responsible for their employee's personal use, including defining what constitutes excessive use.



When printing/copying material, employees are encouraged to use the most cost effective device available. Each page printed/copied has an associated

KECLIVED

Emp No

APR 0 3 2018

POLK CO FIRE SERVICES DIV.

REQUEST FOR VACATION PAY - 56 HRS.

PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING. THANK YOU

accumulated annual leave account and the hours to date since the beginning	'e in my -six (56) ayment
of fifty-six (56) hours of annua understand that cash payment with my regular bi-weekly paych.	licy. I luded wing
with my regular bi-weekly payche receipt of this request form by the law noted below the date of the payment.	
I have noted below the date of the payment.	\ve

m	Wilh
Employ	ee's Signature
Employ	ees Signature

Print Employee's Name

Today's Date: 3-25-18

Social Security #_____

Division Name: POK County Fire

Payment Request Date: 4-13-18

Verified by Work Unit



EMPLOYEE PERFORMANCE EVALUATION

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NAME (Last, First, Middle Initial):	iams, James		
JOB TITLE: Captain/EMT		SUPERVISOR: BC Ben Cassis	ta
PERIOD OF EVALUATION: FROM:	01/01/2017	01/01/2018 TO:	

II. EVALUATION OF GENERAL WORK AND PERFORMANCE

RATING SCALE

The following rating scale is provided to ensure consistency in the job performance expectations of the Polk County Fire Rescue Division and to assist in assigning the most appropriate measurement of an employee's performance.

- 11. Unsatisfactory Frequently does not meet job expectations, improvement is necessary to avoid disciplinary action. Substantial improvement is necessary to meet minimal expectations. Performance requires assistance and supervision above and beyond the norm.
- 12. Needs Improvement Occasionally falls below minimal job expectations and improvement is necessary. Opportunity exists for further development due to inconsistent performance.
- 13. Minimum Successful Performs the minimal requirements of the position. Opportunity for further development exists by increasing productivity and taking on additional tasks.
- 14. Successful Consistently performs above minimum productivity requirements. Meets major job requirements, is effective and achieves expected results.
- 15. High Successful Consistently performs well above minimum productivity requirements. Meets major job requirements, takes on additional tasks, shows initiative, is effective and achieves expected results.
- 16. Excellent Performance consistently exceeds job requirements: demonstrates quality performance and is an example to others. This employee has the ability to fill in for other positions when needed.

	vhen absences are necessary.) Comments:	
	Captain James Williams uses sick time judiciously; provides medical documentation, especially after 4 days used without doctors note during year; is on time to work; and gives timely notice to supervisor when absences are necessary.	Rat
	CUSTOMER SERVICE (Courtesy, respect, competence and timeliness in dealing with customers (both internal and ext	emal).
	Comments:	
	Captain James Williams shows courtesy, respect, competence and timeliness in dealing with customers (both internal and external). Captain Williams is especially good at dealing with family members of patients in times of crisis, his calming demeanor helps decrease the stress level in these times.	Rat
	DEPENDABILITY (Reliability and responsibility on the job; ability to perform with a minimum of supervision; use of judgm	nent.
	Comments: Captain James Williams is reliable and responsible while on the job with the ability to preform with minimum supervision with sound judgment. Captain Williams was promoted to his current rank during this evaluation period and makes his decision based on previous skills, knowledge and abilities.	Rat
	QUALITY OF WORK (Degree to which work is accurate, neat, thorough and completed without waste of time and resou	irces)
	Comments: Captain James Williams completes his assigned pre-fire plans and reports in a accurate, neat and thorough manner. While on emergency and nonemergency incidents, Captain Williams sets a high standard for himself and his crew to do the very best they can. The results are evident in the outcomes that have been achieved during these situations.	Rat
	Quantity of Work (Ability to complete work within normal time limits; volume of work produced under normal conditions; see of resources.)	effect
	Comments: Captain James Williams demonstrates the ability to complete work within normal time limits; volume of work produced under of resources.	Ra
7	FEAMWORK and INTERPERSONAL RELATIONS (Respect, consideration, cooperation, tact and overall effect and ling human relations; includes relations with management, subordinates, peers, and outside business contacts; includes and group interactions; ability to function as a team member.	
	Comments: Captain James Williams shows respect, consideration, cooperation, tact and overall effectiveness in handling human relations;	Ra
	includes relations with management, subordinates, peers, and outside business contacts; includes individual and group interactions; ability to function as a team member. During this evaluation period, Captain Williams was assigned an employee that was facing challenges with his initial performance, Captain Williams made it a goal to assist this employee with his success.	
	Ocument work performed (Complete accurate documentation of work tasks, assignments and accomplishments.)	
	Comments:	
	THE RESERVE TO THE PARTY OF THE	Rat

	Eval Period Strategy for Performance Improvement (Has the employee learned or increased their knowledge or skill dentified in a prior evaluation?)
	Comments:
	During this evaluation period, Captain James Williams completed the Leadership Development Course and was promoted to his current rank. Captain Williams continues to educate himself through classes and training. Rating
	Evaluation Period Goal 1 (Was the goal met, where set milestones and/or timelines attained and how effective was the employee of completing the task or project?) Comments: Rating
III.	OVERALL EVALUATION RALL PERFORMANCE RATING Successful
D. HONE	MARY OF PERFORMANCE/ACCOMPLISHMENTS de a summary of the employee's performance during the review period in support of the average performance rating.
Ove a si Wil for	erall Captain James Williams has had a successful evaluation period. Captain Williams has trong work ethic, this is shown in his work performance and those he supervises. Captain liams has excellent customer service skills which are demonstrated on a daily basis. A goal Captain Williams to work towards is obtain the required pre-requisites for paramedic school attend as soon as possible as this is a requirement for his position. Keep up the good

IV. GOALS/DEVELOPMENT PLAN FOR NEXT REVIEW PERIOD

Optional: State the department's expectations of the employee during the next review period. Based on the needs or goals of the employee describe, in detail, a plan for the employee to meet the expectations. Specify projects that must be resolved. Identify how goals can be accomplished (i.e., on-the-job training, project assignment, etc.).	of the department and the ust be completed or issues
V. SUPERVISOR COMMENTS	
The supervisor makes any other comments that may be appropriate to this employee.	

VI. EMPLOYEE COMMENTS

e employee is invited to express his/her opinion on the evaluation and attach additional sheets if necessary.	

VII. EMPLOYEE ACKNOWLEDGEMENT

The signature of the employee indicates the evaluation has been reviewed with the employee. It does not indicate agreement with the supervisor's evaluation. The employee has the right to express his/her opinion on the evaluation in the section provided above.

Employee Signature

Date

Supervisor Signature

Date

evenleg 10/8/17

Emp No 11286

REQUEST FOR VACATION PAY - 56 HRS. PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING. THANK YOU

I have a minimum of one hundred twelve (112) hours available in my accumulated annual leave account and I have used a minimum of fifty-six (56) hours to date since the beginning of this year. I am requesting cash payment of fifty-six (56) hours of annual leave as allowed under County policy. I understand that cash payment of these annual leave hours will be included with my regular bi-weekly paycheck no earlier than two (2) weeks following receipt of this request form by the Personnel Office.

I have noted below the date of the paycheck I wish to include my annual leave payment.

And well
Employee's Signature
James Williams
Print Employee's Name
Today's Date: 12-7-17
Social Security #
Division Name: PCFR
Payment Request Date: 12-22-17

Emp No 1128%

PLEASE HEAD THIS YORM CAREFULLY BUYORS COMPLETING, THANK YOU

have a minimum of one hundred twelve (112) hours available in my continuated timmus leave account and have used a minimum of tity-six (56) rours to date since the beginning of this year. Lain requesting cash payment of tity-six (56) hours of sinnual leave as allowed under County policy. I understand that cash payment of these annual leave hours will be included with my regular bi-weekly payment of these annual leave hours will be included with my regular bi-weekly paychack to sattler than her (2) weeks following backets of this request form by the Parspornel Office.

I have noted below the date of the psycheck I wish to include my annual leave payment.

Employee's Signature

Print Employee's Name

Today's Date: 12-15-17

Social Security #

Division Name: 10 A.C.

Payment Request Date: 12-27-77

Vertiled by Work Unit

91016

Rev 1001

eneca- led 12/15/17

(25en +1) 7 Emp No 11286

REQUEST FOR VACATION PAY - 56 HRS. PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING. THANK YOU

I have a minimum of one hundred twelve (112) hours available in my accumulated annual leave account and I have used a minimum of fifty-six (56) hours to date since the beginning of this year. I am requesting cash payment of fifty-six (56) hours of annual leave as allowed under County policy. I understand that cash payment of these annual leave hours will be included with my regular bi-weekly paycheck no earlier than two (2) weeks following receipt of this request form by the Personnel Office.

I have noted below the date of the paycheck I wish to include my annual leave payment.

I will m
Employee's Signature
James Williams
Print Employee's Name
Today's Date: 12-15-17
Social Security #
Division Name: PCFR
Payment Request Date: 12-22-17

DEC 1 5 2017

REQUEST FOR VACATION PAY - 56 HRS. PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING. THANK YOU

I have a minimum of one hundred twelve (112) hours available in my accumulated annual leave account and I have used a minimum of fifty-six (56) hours to date since the beginning of this year. I am requesting cash payment of fifty-six (56) hours of annual leave as allowed under County policy. I understand that cash payment of these annual leave hours will be included with my regular bi-weekly paycheck no earlier than two (2) weeks following receipt of this request form by the Personnel Office.

I have noted below the date of the paycheck I wish to include my annual leave payment.

Employee's Signature

James Williams

Print Employee's Name

Today's Date: 12-15-17

Social Security #

Payment Request Date: 12-27-73

Division Name: PCFR

Thy wash.

Verified by Work Unit

OCT 3 D 2017



REQUEST FOR ANNUAL LEAVE BUY BACK RELATED TO DECLARED DISASTER

I am requesting cash payment of <u>56</u> personnel or 112 for 56 hour personnel) of policy 8.17(1). I understand that cash pay be included with my regular bi-weekly pay day following receipt of this request for the payment of the payme	of annual leave as allowed under County yment of these annual leave hours will ycheck (no later than the second regular
I also certify that this request is directly redeclared disaster.	Employee's Signature Tames alliams Print Employee's Full Name
Division Director's Signature	Employee #
Today's Date	



REQUEST FOR VACATION PAY - 56 HRS.

PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING. THANK YOU

5ent 80

I have a minimum of one hundred twelve (112) hours available in my accumulated annual leave account and I have used a minimum of fifty-six (56) hours to date since the beginning of this year. I am requesting cash payment of fifty-six (56) hours of annual leave as allowed under County policy. I understand that cash payment of these annual leave hours will be included with my regular bi-weekly paycheck no earlier than two (2) weeks following receipt of this request form by the Personnel Office.

I have noted below the date of the paycheck I wish to include my annual leave payment.

please scan
payroll. I couldn't
get vey scanner
to work thanks

Employee's Signature

James Williams

Print Employee's Name

Today's Date: 9-14-17

Social Security #_____

Division Name: PCFR

Payment Request Date: 9-29-17

Verified by Work Unit

STATEMENT OF UNDERSTANDING AND AGREEMENT FOR POSITIONS REQUIRING PARAMEDIC CERTIFICATION

1, James Williams (name) have applied for a position within Polk County Fire
Rescue that requires or prefers certification as a paramedic. This includes that I meet and
maintain the Polk County Fire Rescue's requirements to practice as a paramedic. I understand it
is my sole responsibility to obtain such certification within four years from date this agreement
is signed. I also understand that I must maintain my certification and meet the requirements to
practice as a paramedic through my employment. Should it become evident that I have no
possibility of obtaining my paramedic certification by the agreed upon four year time period, I
understand I will return to my previous position at that time. The Fire Chief retains the
authority to extend or modify the terms of these requirements due to unforeseen or
extenuating circumstances.
Please ensure you take the necessary time to review this document before signing below.
Please fill in the requested information to the best of your ability at the present time.
Signature Aulleum
Date <u>6-8-17</u>
School anticipated/enrolled in South Florida
Anticipated Start Date 8-1-19
Anticipated Completion Date
\mathcal{L} , \mathcal{R} , \mathcal{L} , \mathcal{L}
Witness Skindis Daken Sufford
Date 8/8//7

Polk Co., a political subdivision of the State of
Polk Co., a political subdivision of the State of
Polk Co., a political subdivision of the State of
Polkov 988
330 W. Church Street
Drawer FA01
Bartow FI 33831-0988
Employee's first name and init Last Name
Tames L.

I II

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

REQUEST FOR VACATION PAY - 56 HRS.

PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING. THANK YOU

I have a minimum of one hundred twelve (112) hours available in my accumulated annual leave account and I have used a minimum of fifty-six (56) hours to date since the beginning of this year. I am requesting cash payment of fifty-six (56) hours of annual leave as allowed under County policy. I understand that cash payment of these annual leave hours will be included with my regular bi-weekly paycheck <u>no earlier than two (2) weeks following receipt of this request form by the Personnel Office.</u>

I have noted below the date of the paycheck I wish to include my annual leave payment.

ENTERED JUL 2 6 2016

Employee's Signature

James Williams

Print Employee's Name

Today's Date: 7-23-16

Social Security #______

Division Name: FCFR

Payment Request Date: 5-3-16

Verified by Work Unit

REQUEST FOR VACATION PAY - 56 HRS. PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING. THANK YOU

I have a minimum of one hundred twelve (112) hours available in my accumulated annual leave account and I have used a minimum of fifty-six (56) hours to date since the beginning of this year. I am requesting cash payment of fifty-six (56) hours of annual leave as allowed under County policy. I understand that cash payment of these annual leave hours will be included with my regular bi-weekly paycheck no earlier than two (2) weeks following receipt of this request form by the Personnel Office.

I have noted below the date of the paycheck I wish to include my annual leave payment.

Sent 9-22-15 De

Employee's Signature

Print Employee's Name

Today's Date: 9-21-/5

Social Security #_____

Division Name: PCFR

Payment Request Date: 10 -2 -15

Verified by Work Unit

This information is being furnished to the Internal Revenue Service

	age and Tax Statement 2015	OMB No. 1545	5-0008					- Internal Revenue Service		
Control num 67127374	ber			Employer identifi 59-6000809	ication number	COPY B	To Be Filed With Em	ployee's FEDERAL Tax	Return	
Employe	r's name, address and zip code	ommigaionera		N			ips, other compensati		tax withheld	
PO Box		ommissioners		/ Social security	tips	55499.85 3 Social se	curity wages	5284.89 4 Social security	tax withheld	
330 W. Church Street Drawer FA01					58100.88	SW .S786	3602.25			
	FL 33831-0988	0.05		8 Allocated tips		58100.88	e wages and tips	6 Medicare tax wi 842.46	ithheld	
James	e's first name and init Last Nam L William		0	9	Health M.	10 Depend	lent care benefits	11 Nonqualified p	olans	
				12a DD	10971.84	13 Statutor	y Employee	14 Other		
				12b G	780.00	-	_	PensionEE	1821.03	
				12c	# 07 US 27 151 T Sector	Retirem	ent Plan			
Employe	e's address and ZIP code			12d	T.	Third-pa	rty sick pay			
15 State	Employer's State ID number	16 State wages, tips etc.	17 5	State income tax	18 Local wages	, tips etc.	19 Local income ta	20 Locality name		
s information	is being furnished to the Internal Revenu	e Service								
	age and Tax Statement 2015	OMB No. 154:	5-0008					Treasury - Internal Revenu		
Control num 67127374	ber			Employer identifi 59-6000809	cation number	COPY C F	or Employee's Reco	rds (See Notice to Employ	yee on back of	
	's name, address and zip code					1 Wages, t	ips, other compensation		tax withheld	
PO Box		ommissioners	29	Joeini Security	tips	55499,85 3 Social sec	curity wages	5284.89 4 Social security t	ax withheld	
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	FL 33831-0988			8 Allocated tips		5 Medicare 58100.88	wages and tips	6 Medicare tax wi 842.46	thheld	
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						13 Statutor	y Employee	PensionEE	1821.03	
				12b G	780,00	Retirem	ent Plan		(8)	
Employee	s's address and ZIP code		1	12c	1	Third-par	ty sick pay			
15 State	Employer's State ID number	16 State wages, tips etc.	17 S	12d tate income tax	18 Local wages,	tips etc.	19 Local income ta	x 20 Locality name		
le information i	s being furnished to the Internal Revenu	Social If					10,000			
				in a negrigence penary	of other sanction may					
Control numb	ge and Tax Statement 2015 per	OMB No. 1545	-0008	Employer identifie	cation number			- Internal Revenue Service tyee's State, City, or Leca		
67127374 Employer	's name, address and zip code			59-6000809		Return	ns other commonactio	n 12 Fodoral income	tou withhold	
Polk Co	ounty Board of County Co	mmissioners		\		1 Wages, tips, other compensation 55499.85		5284.89	2 Federal income tax withheld 5284.89	
	Church Street		11.7	7 Social security	ips			4 Social security to 3602.25	ax withheld	
Drawer Bartow	FA01 FL 33831-0988			8 Allocated tips		5 Medicare	wages and tips	6 Medicare tax wit	thheld	
	's first name and init Last Name			9	a a v	58100.88 10 Depende	ent care benefits	842.46 11 Nonqualified pl	lans	
James I	William	s II				то Берели	ant care concints			
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				12b G	780.00	Retireme	ent Plan			
				12c	1	m · ·				
	's address and ZIP code			12d			ty sick pay			
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s information is	s being furnished to the Internal Revenue	Service								
rm W-2 Way	ge and Tax Statement 2015	OMB No. 1545	8000	Employer identificati	on number	Conv 2 To Re		Treasury - Internal Revenu State, City, or Local Income		
7127374				59-6000809	on number		11. 10 3 ° 3 10 00 00 − 710 00 € 11. • V12 42	Start Devot Charles • • • • • • • • • • • • • • • • • • •	227/4/10/04/24/04-04/2	
Polk Co	s name, address and zip code unty Board of County Co	mmissioners				1 Wages, tij 55499.85	ps, other compensatio	n 2 Federal income t 5284.89	ax withheld	
PO Box 330 W.	988 Church Street			7 Social security t	ips	3 Social sect	urity wages	4 Social security ta	x withheld	
Drawer			-	8 Allocated tips		58100.88 5 Medicare	wages and tips	3602.25 6 Medicare tax wit	hheld	
- 173 T - 27	's first name and init Last Name	Suffix	-	30 mars 2000 mars 2000 mars 200 mars 20		58100.88		842.46		
Tomog T	Williams			9		To Depende	nt care benefits	11 Nonqualified pl	ans	
			1	12a DD	10971.84	13 Statutory	Employee	14 Other PensionEE	1821.03	
			Ì	12b G	780.00	Retireme		I GISTORIELE	. 42.1.43	
			Ì	12c	1	Keureme				
Employee'	s address and ZIP code			12d		Third-part	ty sick pay			
5 State	Employer's State ID number	16 State wages, tips etc.	17 St	ate income tax	18 Local wages,	tips etc.	19 Local income tax	20 Locality name		
		Service								

Payroll Action Form

O New Hire O Transfer\Promotion O Misc

Employee Details

Employee Number	11286	Organization	Fire Rescue
Person Type	Employee	Position #	2745
First Name	James	Job	Driver Engineer 56
Middle Name		Pay Grade/Step	F23.0
Last Name	Williams	Location	Choose one
Suffix		Payroll	Regular BOCC
SSN		Status	Active Assignment
Date of Birth		Salary Basis	Non Exempt 56
Gender	Male	Exempt Status	
Veteran Status	Choose one	Assignment Category	Fulltime-Regular
Address 1		FRS Group	FRS Special Risk
Address 2		Supervisor	Randy Barfield
City		GRE	
State	Choose one	Base Payrate	\$14.48
Zip Code		Incentives	\$.37 (\$.30 EMT + \$.07 FO1)
County	Choose one	Email	
Timekeeper	Deborah Jones	Adjusted Service Date	
Rotation Plan	A Rotation Special Risk	Effective Start Date	09/28/15
Time Entry Group	FIRESRV56 O-Z	Effective End Date	
Reason for PAF	Add Fire Officer One incentive	Term Date	
Heason for FAP	, ad the officer officiality	Term Code	Choose one
		82	

Division Director

Human Resources Office

Budget Office

County Managers Office

Print

PAF Sent to tike PR& timekeeper 9.23.15 S.A.

Shanda Aschliman

From:

Caren A. Wheeler

Sent:

Wednesday, September 23, 2015 7:49 AM

To:

Shanda Aschliman FW: FOI Incentive

Subject: Attachments:

Williams, James - FOI.pdf

And the hits just keep on coming. Please process incentive.

Caren Wheeler
Office Manager III
Polk County Fire Rescue
Office - 863.519.7362
Cell - 863-450-9275
Fax: 863.534.5650
carenwheeler@polkfl.com

From: Kevin Shireman

Sent: Wednesday, September 23, 2015 7:36 AM

To: Caren A. Wheeler Cc: James Williams Subject: FOI Incentive

Good Morning Caren,

I have received a Fire Officer I certificate for James Williams #11286, which at this time, I believe will be eligible for incentive pay.

Thanks in advance,

Respectfully,

Kevin Shireman
Captain- Safety and Training Section
Polk County Fire Rescue
PO Box 1458 Drawer FR 01
Bartow, FL 33831
863-519-7420 office
863-661-9809 cell
863-519-7439 fax
863-519-2095 fax
kevinshireman@polkfl.com
http://www.polkfire.net

PROACTIVE ATTITUDE + PROPER ACTIONS = SAFE BEHAVIOR

Like Us – Facebook.com/PolkFire Follow us on Twitter @PolkFire

nision of State Fire Mo BUREAU OF FIRE STANDARDS AND TRAINING Certificate of Competency derely. Awards this

JAMES LAMAR WILLIAMS

Issued This 10th Day of Sericonber, 2015

FIRE OFFICER ONE

By virtue of having met the requirements of Florida Statutes and the Rules and Regulations of the Division of State Fire Marshal

Justy Bin Windands Julius Kalas

REQUEST FOR VACATION PAY - 56 HRS. PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING. THANK YOU

PLEASE READ THIS FORM CAREFOLLY BEFORE COMPLETING. THANK YOU

I have a minimum of one hundred twelve (112) hours available in my accumulated annual leave account and I have used a minimum of fifty-six (56) hours to date since the beginning of this year. I am requesting cash payment of fifty-six (56) hours of annual leave as allowed under County policy. I understand that cash payment of these annual leave hours will be included with my regular bi-weekly paycheck <u>no earlier than two (2) weeks following receipt of this request form by the Personnel Office.</u>

I have noted below the date of the paycheck I wish to include my annual leave payment.

al vullu
Employee's Signature
James Williams
Print Employee's Name
Today's Date: 11-17-14
Social Security #
Division Name: PCFR
Payment Request Date: 11- 28-14

Shanda Sochliman Verified by Work Unit

Time Entry / Supervisor Form

Employee De	tails		
nployee Number	11286	Immediate Supervisor	David Bass
First Name	James	Location	Choose one
Middle Name		Timekeeper	Deborah Jones
Last Name	Williams	BackUp TimeKeeper	Caren Wheeler
Rotation Plan	A Rotation Special Risk		
me Entry Group	FIRESRV56 O-Z	Approver	Tony Crouse
Reason	change to A shift rotation and Change Immediate Supervisor	Effective Start Date	07/07/14
Care	n Wheeler		
	eparer		
Se	nt to P/R 6-25-14		

EMPLOYEE PERFORMANCE EVALUATION REPORT

Name: James	Williams					P/R#:	N/A	Empk	oyee#:	11286
Job Class: D	river/Enginee	r			Date:			Hire D	ate:	1/8/2009
Dept: N/A					Div:	Fire Rescue	•			
Annual Evalua	tion:	X	Initia	l Probatio	on Evalu	ation:		1	Special	
Evaluation Per	iod: From	1/8/13	To_	1/8/14		Date of La	ast Evalu	ation:	1	1/8/2013
			1	Rating S	tandar	ls			SI	
Excellent	= 1	Performano	ce co	nsistently o	exceeds j	ob requireme	nts: demo	nstrates	quality	performance.
Successfu						requirement		major job	require	ments, is
Needs						w acceptable		tations, i	mprove	ment is
Improveme	_ = r		to aci	nieve succ	essful job	performance				
Unastries						et job expec				
Unsatisfac	е					al improveme assistance a				
I. G	ENERAL S	7.00	A NI	n td a i	TC.					
			AIN	DIKAI	15:				200	2.0
1.	Dependa			•				ating:		ıccessful
		and respon	nsibil	ity on the j	ob; abilit	y to perform	with a mir	nimum of	superv	ision; use of
	judgment			7.74.7.755 222		7779 9779 47	2	111111111111111111111111111111111111111	2	2020
	Comme					st year at his and respons		. With a	few exc	eptions,
2.	Team W	ork and	Inte	rperson	al Rela	tions:	Ra	ating:	Su	ccessful
	includes rel	lations with	h mar	agement,	subordina	overall effect ites, peers, an	d outside	business		
						ection as a tea				
	Comme			Williams o Il human r		xcellent team vell.	n work wit	hin the si	hift. Ov	erall, he
3.	Quantity	of Worl	k:				Ra	ting:	E	cellent
					al time li	mits; volume	of work p	roduced	under r	iormal
	conditions;						12 100.00	9 70	724770	10 10
	Commer					mely hard we				
		onu	ne nr	e ground, i	in an abov	ve average tir	neline. H	e uses res	sources	effectively.
4.	Quality o	f Work					Ra	ting:	Suc	ccessful
	Degree to w	hich work	is ac	curate, nea	it, thorou	gh and compl		_		CALLED TO STATE OF THE STATE OF
	resources				1000	52. 18.				
	Commen					/illiams' qual				
				ent does fe	el he rush	es through so	ometimes	and tends	s to mis	s the small
5.	Customer	detai					Ra	ting:	Çıv.	ccessful
٥.	Courtesy, re			ice and tim	neliness in	dealing with				
	external)									
	Commen	57.7			- 50	rteous to eve ofessional, la				

П.	SPECIFIC RESPONSIBILITIES AND GOALS:			Employe	ee#: 11286	
	1.	Completion of a	unnual firefighter/engineer	physical.	Rating:	Successful
		Comments:				
	2.	Executes all fire	fighting, rescue and medic	al operations.	Rating:	Successful
		Comments:	Engineer Williams carrie	es out all required du	ties on emergency	calls.
	3.	Accuracy of rep	orts, records and pre-plans		Rating:	Successful
		Comments:	N/A			
	4.	Maintenance of	apparatus, equipment and	facilities.	Rating:	Successful
		Comments:	Engineer Williams successtation.	ssfully completes all	required mainten	ance at the
	5.	Completes depar	tmental training requirement	ents	Rating:	Successful
		Comments:	Engineer Williams compl	etes all of his assigne	ed training on tim	e, if not early.
	6.	Driving/Operating	g apparatus.		Rating: Ne	eds Improvement
		Comments:	Engineer Williams had a bac has made changes since then the path he is currently on, I	to prevent such accide	ents in the future. I	f he continues on
	7.	Tactical decision	making.		Rating:	Successful
			Engineer Williams makes	sound, tactical decis		1.
III.	ATT	ENDANCE/L	ATENESS:		Rating:	Successful
		70	oyee: Uses sick time judice to supervisor when abse		work and doesn't	abuse breaks;
	TOTA	AL HOURS OU	T SICK:	24 TOTA	L TIMES LAT	ΓE: <u>0</u>
		Comments:	Self Sick 24Hrs (12/20/20	13), Family Sick - Da	aughter 24Hrs (04	4/09/2013)

IV. GENERAL MANAGEMENT/SUPERVISORY(where applicable)

Employee#: 11286

1 Personnel Management: Hiring Decisions: Rating: n/a Staff Development: Rating: n/a Employee Relations: Rating: n/a Performance Reviews: Rating: n/a Retention of Staff: Rating: n/a 2. **Communication Skills:** Oral Skills: Rating: n/a Listening Skills: Rating: n/a Keeps Staff Informed: Rating: n/a Writing Skills: Rating: n/a Formal Presentations: Rating: n/a Keeps Mgr. Informed: Rating: n/a 3. Leadership: Integrity: Rating: n/a Vision/Creativity: Rating: n/a **Equal Opportunity** Efforts: Rating: n/a Motivational Skills: Rating: n/a Example to Others: Rating: n/a 4. Organizational: Planning:

V. PERFORMANCE SUMMARY:

Organizing:

Effective Delegation:

Overall, Engineer Williams meets all the expectations of a Driver/Engineer here at Polk County Fire Rescue. Management feels Engineer Williams' biggest downfall is he seems at times to not take his job as serious as he should. We've spoken about this and he seems to be making strides in a positive direction. As he grows and matures in the organization, I think all the small problems will fade and he will be an elite member of PCFR.

n/a

n/a

n/a

Rating:

Rating:

Rating:

OVED ALL DEDEODMANCE DATING		
OVERALL PERFORMANCE RATING:	Successful	

VI. EMPLOYEE COMMENTS:

VII. SIGNATURES:		
Supervisor Initiating Report:	Date:	3-5-2014
Reviewing Manager: John Ashley	Date:	35.2014
Reviewing Manager:	Date:	2-24-2014
Employee: James Williams	Date:	3-5-2014

Rev. 8/05

REQUEST FOR VACATION PAY - 56 HRS.

PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING. THANK YOU



I have a minimum of one hundred twelve (112) hours available in my accumulated annual leave account and I have used a minimum of fifty-six (56) hours to date since the beginning of this year. I am requesting cash payment of fifty-six (56) hours of annual leave as allowed under County policy. I understand that cash payment of these annual leave hours will be included with my regular bi-weekly paycheck <u>no earlier than two (2) weeks following receipt of this request form by the Personnel Office.</u>

I have noted below the date of the paycheck I wish to include my annual leave payment.

In weller
Employee's Signature
James Williams
Print Employee's Name
Today's Date: 12 - 8 - 13
Social Security #
Division Name:
Payment Request Date: 12-27-13

Verified by Work Unit

EMPLOYEE ACTION FORM POLK COUNTY BOCC

EMPLOYEE NAME: James Williams	Employee ID#: 11286	DATE: 7/22/2013
DIVISION: Fire Rescue		DOH: 12/21/2009
ACTION BEING TAKEN: (CHECK APPROPRIATE BLOCK(S) AN Written Counseling Written Reprimand Suspension With Pay Involuntary Transfer Removal From Probation	Suspension Without Performance Importance Importance Importance Importance Involuntary Demonstration Other (explain)	rovement Probation otion
** Has employee had prior verbal counseling relevant to th	70 11/25 19/3 19/3 19/3 19/3 19/3 19/3 19/3 19/3	
PROBATION: To become effective on		
To end/return to work on	, / atAM/PM	I
SUSPENSION: To become effective on	, / at AM/PN	ſ
To end/return to work on	, / atAM/PM	Total Hours
ATTACHMENTS: 4 Pages of relevant documen	tation leading up to and resulting i	n the recommended action.
THIS NOTICE WAS: GIVEN IN PERSON	MAILED DATE MAILED;	
MAILED TO:		
If this notice was received through the mail, you are respreceipt of this Pre-Disciplinary form as to whether you d	onsible for contacting your immode not wish a Pre-Disciplinar	nediate supervisor upon y Conference.
YOUR RIGHTS	AS AN EMPLOYEE	
IN ACCORDANCE WITH THE POLK COUNTY PERSONNEL F THIS SERVES AS YOUR WRITTEN NOTIFICATION. AS A RE WHO HAS COMPLETED THE INITIAL PROBATION PERIOD, PRIOR TO A SUSPENSION WITHOUT PAY, TERMINATION, P DEMOTION FOR DISCIPLINARY REASONS. YOU HAVE THE R YOU ORALLY AND/OR IN WRITING WITH OR WITHOUT SUPI TO APPEAR BEFORE THE DEPUTY COUNTY MANAGER. IF ACCOMPANIED BY LEGAL COUNSEL OR OTHER REPRESEN PLEASE BE ADVISED THAT YOUR ATTORNEY'S ROLE WILL YOUR ATTORNEY CAN NOT CROSS EXAMINE OR QUESTION T	EGULAR EMPLOYEE NOT EXEMPYOU HAVE THE RIGHT TO A PRIPERFORMANCE IMPROVEMENT PRIGHT TO RESPOND TO THE COARPORTING AFFIDAVITS OR STATISTYOU ELECT A PRE-DISCIPLINARY TATIVES OF YOUR CHOICE. IF LEGISLATION OF THE PROPERTY OF T	FROM APPEAL PROCEDURE, E-DISCIPLINARY CONFERENCE ROBATION OR INVOLUNTARY GES AND OR ACTION AGAINST IN AS WELL AS THE RIGHT Y CONFERENCE, YOU MAY BE YOU ELECT LEGAL COUNSEL, AND/OR SPEAKING FOR YOU.
I, DO I I, DO NOT EMPLOYEE'S INITIALS R	EQUEST A PRE-DISCIPLINARY H	EARING.
Pre-Disciplinary Conference: Date: Tir	me:AM/PM Place	
Conference Official / Deputy County Manager understand that I have the right to present evidence orally or in walso understand that if I do not return this request for a Pre-discipli 13.02 of the Employee's Handbook, I forfeit all rights to said correquest a hearing and disagree with the decision of the Conference of the Appeals Procedure in the Employee's Handbook, section 13.03.	nary Conference within seven (7) cal aference and/or any other appeals pro	endar days as indicated in section ocess. I also understand that if I
an fuell	7-2	6-13
Signature of Employee		Date
Signature of Supervisor		Date

ADDITIONAL INFORMATION

1. CIRCUMSTANCES: (Briefly describe what happened)

On July 11, 2013, Engineer Williams was parked in the properly marked disabled parking space at PCFR Station 920, and was directed by Chief Crouse to move his vehicle to a lawful parking space and to not park there again. On July 17, 2013, Chief Autorino observed and photographed Engineer Williams' vehicle, which was again parked in the disabled parking space. On July 20, 2013, I observed Engineer Williams' vehicle once again parked in the disable parking space. Engineer Williams is in violation of Florida State Statute 316.1955 (1), "Enforcement of parking requirements for persons who have disabilities", (see attached).

2. EXPECTATIONS OF EMPLOYEE: (Including liability of continued non-conformance)

Management expects Engineer Williams to follow all laws, rules, regulations, and policies set forth by the State of Florida, Polk County BOCC, and Polk County Fire Rescue. Furthermore, management expects Engineer Williams to follow all directives from management. Failure to comply will result progressive disciplinary action, up to, and including termination.

MANAGEMENT PLAN:

Management will monitor Engineer Williams' continued compliance with all laws, rules, regulations, and policies set forth by the State of Florida, Polk County BOCC, and Polk County Fire Rescue.

4.	FOLLOW-UP REVIEW:]YES	☑]NO	IF YES, WHEN:	
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5. EMPLOYEE COMMENTS:

7/23/2013 DATE
7-22-2013

DATE
7-26-2013

DATE

7/26/13 DATE DEPARTMENT DIRECTOR SIGNATURE

DIVISION DIRECTOR SIGNATURE

SUPERVISOR SIGNATURE

John W. Ashley, Battalion Chief

SUPERVISOR NAME (Type or Print)

EMPLOYEE SIGNATURE

(Revised 12/09)

316.1955 Enforcement of parking requirements for persons who have disabilities.—

- (1) It is unlawful for any person to stop, stand, or park a vehicle within, or to obstruct, any such specially designated and marked parking space provided in accordance with s. 553.5041, unless the vehicle displays a disabled parking permit issued under s. 316.1958 or s. 320.0848 or a license plate issued under s. 320.084, s. 320.0842, s. 320.0843, or s. 320.0845, and the vehicle is transporting the person to whom the displayed permit is issued. The violation may not be dismissed for failure of the marking on the parking space to comply with s. 553.5041 if the space is in general compliance and is clearly distinguishable as a designated accessible parking space for people who have disabilities. Only a warning may be issued for unlawfully parking in a space designated for persons with disabilities if there is no above-grade sign as provided in s. 553.5041.
- (a) Whenever a law enforcement officer, a parking enforcement specialist, or the owner or lessee of the space finds a vehicle in violation of this subsection, that officer, owner, or lessor shall have the vehicle in violation removed to any lawful parking space or facility or require the operator or other person in charge of the vehicle immediately to remove the unauthorized vehicle from the parking space. Whenever any vehicle is removed under this section to a storage lot, garage, or other safe parking space, the cost of the removal and parking constitutes a lien against the vehicle.
- (b) The officer or specialist shall charge the operator or other person in charge of the vehicle in violation with a noncriminal traffic infraction, punishable as provided in s. 316.008(4) or s. 318.18(6). The owner of a leased vehicle is not responsible for a violation of this section if the vehicle is registered in the name of the lessee.
- (c) All convictions for violations of this section must be reported to the Department of Highway Safety and Motor Vehicles by the clerk of the court.
- (d) A law enforcement officer or a parking enforcement specialist has the right to demand to be shown the person's disabled parking permit and driver's license or state identification card when investigating the possibility of a violation of this section. If such a request is refused, the person in charge of the vehicle may be charged with resisting an officer without violence, as provided in s. <u>843.02</u>.
- (2) It is unlawful for any person to obstruct the path of travel to an accessible parking space, curb cut, or access aisle by standing or parking a vehicle within any such designated area. The violator is subject to the same penalties as are imposed for illegally parking in a space that is designated as an accessible parking space for persons who have disabilities.
 - (3) Any person who is chauffeuring a person who has a disability is allowed, without

need for a disabled parking permit or a special license plate, to stand temporarily in any such parking space, for the purpose of loading or unloading the person who has a disability. A penalty may not be imposed upon the driver for such temporary standing.

- (4)(a) A vehicle that is transporting a person who has a disability and that has been granted a permit under s. 320.0848(1)(a) may be parked for a maximum of 30 minutes in any parking space reserved for persons who have disabilities.
- (b) Notwithstanding paragraph (a), a theme park or an entertainment complex as defined in s. 509.013(9) which provides parking in designated areas for persons who have disabilities may allow any vehicle that is transporting a person who has a disability to remain parked in a space reserved for persons who have disabilities throughout the period the theme park is open to the public for that day.

History.—s. 1, ch. 75-105; s. 1, ch. 76-31; s. 2, ch. 77-83; s. 1, ch. 77-444; ss. 1, 8, ch. 79-82; s. 123, ch. 79-400; s. 1, ch. 80-196; s. 2, ch. 84-234; s. 2, ch. 85-227; s. 1, ch. 87-225; s. 22, ch. 90-330; s. 80, ch. 91-221; s. 3, ch. 93-183; s. 2, ch. 96-200; s. 25, ch. 96-350; s. 8, ch. 97-76; s. 1, ch. 98-202; s. 89, ch. 99-13; s. 146, ch. 99-248; s. 16, ch. 2000-141; s. 10, ch. 2006-290.

Note.—Former s. 316.165.

Polk County Fire Department

	Basic	Information		
Employee	Name: James Williams, Engineer	Supervise	or: Jamey Py	nes, Lieutenant
I.D. Numb	per: 11286	Location:	FD Sta. 920	0 Babson Park
	Classifica	tion of Offense		
Attenda	ance Sa	afety		☐Job Performance
✓ Conduc	ctM	iscellaneous		
		Details		
Narrative:				
was park		nstructed Engin ciplinary action ned are2	eer Williams would be fort	to move his vehicle
[]O		nded Discipline		Tin akin n
✓ Counse		Susper	nsion	Termination
PIP	Months			
	Notificatio	ns and Review		
Step 1.	Date of Incident: 7/20/2013	Date Employ	ee Notified:_	7/20/2013
Step 2.	Date Investigation Begins: 7/20/20	13 (With	in 10 days of	Incident)
Step 3.	B/C Review and Approval:	13 Oshler	Date:_1/2	2/13
Step 4.	D/C Review and Approval:		Date:	
Step 5.	A/C Review and Approval:		Date:	
Step 6.	Complete all Documentation and clo	ose Investigatio	n. (Within 21	days from Step 2.)
Sten 7	Issue F A F or letter of absolve Da	-1-1 7/2/ 1/2	() A (; 4)= :	70 have from Chan C \



EMPLOYEE ACTION FORM-POLK COUNTY BOCC MULTI-PURPOSE

Date of Hire: 12/21/2009

Employee Name	James Williams	ID#	11286	Date	4/12/2013	
Department	Public Safety	-	Division	Fire	Services	
ACTION BEGIN TAK WRITTEN COUNS XXX WRITTEN REPRII SUSPENSION WI INVOLUNTARY TI REMOVAL FROM	SELING WAND TH PAY RANSFER PROBATION	8.7	SUSPENSIO PERFORMAI INVOLUNTAI TERMINATIO OTHER (EXF	N WITHOUT F NCE IMPROVI RY DEMOTION N PLAIN)	PAY EMENT PROBATION N	
yes <u>xxx</u>	no Has employee ha	ad prior v	erbal counsel	ing relevar	it to this issue?	
To end/Return to wor TOTAL HOURS SUS ATTACHMENTS:	on:,19_ k on:,19_ PENDED: pages of relevant d	/at	AM/PM	up to and	resulting in the	
	commended actiongiven in person	ma	ailed Date n	nailed:		
Mailed to: If this notice was rec	eived through the mail, you lipt of this Pre-Disciplinar ce.	ou are re y form as	sponsible for s to whether	contacting	your immediate	
THIS SERVES AS YOUR PROCEDURE, WHO HAS DISCIPLINARY CONFERENCE PROBATION, OR INVOLUN THE CHARGES AND/OR AFFIDAVIT OR STATEMENT YOU ELECT A PRE-DISCIPLE PRESENTATIVES OF YOU COUNSEL, PLEASE BE AD OPENING AND CLOSING SMAKING OPENING AND CONFERENCE OFFICIAL, CONFE	YOUR RIGHTS A IE POLK COUNTY PERSONNEL WRITTEN NOTIFICATION, AS COMPLETED THE INITIAL PI CE PRIOR TO A SUSPENSION W TARY DEMOTION FOR DISCIPL ACTION AGAINST YOU ORALL IS, AS WELL AS THE RIGHT TO PLINARY CONFERENCE, YOU UR CHOICE AND YOU MAY PRE VISED THAT YOUR ATTORNEY- TATEMENTS. ALL QUESTIONS CLOSING STATEMENTS. ALL ONSEQUENTLY YOU MUST MAK DO NOT() EMPLOYEE=:	POLICY PE A REGULE ROBATION ITHOUT PA INARY REA Y AND/OR MAY BE A SENT WITH S ROLE W G OF WITHE QUESTION REQUE	RTAINING TO PE AR EMPLOYEE PERIOD, YOU Y, TERMINATION SONS. YOU HAY IN WRITING WI BEFORE THE AS: CCOMPANIED BY IESSES IN YOUR ILL BE LIMITED SSES MAY BE L NS OF WITNES: QUIRIES THROUG ST A PRE-DI	NOT EXEM HAVE THE , PERFORMA VE THE RIGH ITH OR WITH SISTANT COL Y LEGAL CO BEHALF. IF TO ADVISING LIMITED TO A SES MAY BE HHIM OR HE ISCIPLINA	PT FROM APPEAL RIGHT TO A PRE- NCE IMPROVEMENT IT TO RESPOND TO HOUT SUPPORTING JUNTY MANAGER. IF JUNSEL OR OTHER YOU ELECT LEGAL YOU AND MAKING ADVISING YOU AND E POSED BY THE FR.	
	erence: DateT		AM/PM P	lace		
Conference Official/Assistant County Manager I understand that I have the right to present evidence orally or in writing with or without affidavit or statements to support my position. I, also, understand that if I do not return this request for a Pre-Disciplinary Conference within (7) seven calendar days as indicated in section 06.04 of the Employee=s Handbook, I forfeit all rights to said conference and/or any other appeals process. I, also, understand that if I request a hearing and disagree with the decision of the Conference Official in my case, I do have a right to file an appeal as outlined under the Appeals Procedure in the Employee=s Handbook, section 06.06.						
Signature of Employee)	Date			7	
Signature of Superviso	or	Date			COA. 1	

James Williams / EAF/ April 12, 2013

ADDITIONAL INFORMATION

1. CIRCUMSTANCES:

On Thursday March 28, 2013, EN 921 responded to an incident off of Pfundstein Road in Babson Park. Upon completion of the incident, Engineer James Williams elected to drive EN 921 forward to locate a driveway for the purpose of turning around; leaving Lieutenant John Berry where the apparatus was originally parked. During the process of backing into a driveway and turning around, EN 921 struck a fence post with the passenger's side rear corner; causing damage to the protective railing on the apparatus and breaking a marker light. Engineer Williams failed to use a backing marshal, even though Lieutenant Berry was available to execute this task. Failure to use a backing marshal when a backing marshal is available is a violation of PCFR Policy 606-14. The damage sustained during the backing incident is deemed a safety violation as documented by Policy 12.01-1 (2) of the Employee Handbook.

2. EXPECTATIONS OF EMPLOYEE:

Engineer Williams is expected to familiarize himself with Polk County Fire Rescue Policies and the Polk County B.O.C.C. Employee Handbook. Engineer Williams is expected to adhere to all policies and procedures set forth by all governing documents.

3. MANAGEMENT PLAN:

Management's plan is to monitor Engineer Williams' will be monitored for compliance with PCFR Policy 606-14 and Employee Handbook Policy 12.01-1. Any additional violations to these policies will result in progressive disciplinary action up to and including termination.

4.	FOLLOW-UP REVIEW:	YesNo	If Yes, When:	
5.	EMPLOYEE COMMENTS:			

4/21/13 DATE

DEPARTMENT DIRECTOR SIGNATURE

DIVISION DIRECTOR SIGNATURE

SUPERVISOR SIGNATURE

Battalion Chief John W. Ashley 0088 SUPERVISOR NAME (Type or Print)

EMPLOYEE SIGNATURE

Polk County Fire Department

Employee	Pre-Discipline Worksnee	asic Information	11 1217 110=
Employee N	lame: James Williams	Supervisor: John Ash	ley
I.D. Number		Location: PCFR Stat	ion 920
	Class	ification of Offense	
Attendan	ce	Z Safety	☐Job Performance
☐Conduct		Miscellaneous	
		Details	= 1
EN 921 stru railing on th		jer's side rear corner; causing d ker light. Engineer Williams faile	amage to the protective ed to use a backing
□Counselin □PIP	g	Suspension	☐Termination
	=	ations and Review	- 10
Step 1.	Date of Incident: 3/29/2013	Date Employee Notified:_	4/6/2013
Step 2.	Date Investigation Begins: 4/6/2	(Within 10 days of	Incident)
Step 3.	B/C Review and Approval:	m wohley Date: 4,	112/13
Step 4.	D/C Review and Approval:	Date:	
Step 5.	A/C Review and Approval:	Date:	s
Step 6.	Complete all Documentation and	d close Investigation. (Within 21	days from Step 2.)
Step 7	Issue F A F or letter of absolve	Date: 4 21 13 (Within	72 hours from Step 6.)

Joe E. Stewart

From:

Joe E. Stewart

Sent:

Saturday, April 06, 2013 2:31 PM

To:

James Williams

Cc:

John W. Ashley; Colin B. Fredericks; Tony L. Crouse; John Beery

Subject:

Investigation into damage to Engine 921

Tracking:

Recipient Delivery

James Williams Delivered: 4/6/2013 2:31 PM

James Williams John W. Ashley Colin B. Fredericks

Delivered: 4/6/2013 2:31 PM Delivered: 4/6/2013 2:31 PM

Tony L. Crouse John Beery Delivered: 4/6/2013 2:31 PM Delivered: 4/6/2013 2:31 PM

James Williams,

On the morning of Friday, March 29, 2013, Engineer Gary Bales contacted Battalion 2 to report damage that was found on the passenger rear area of Engine 921. An Unwanted Incident Report was filled out to record that the damage had been found during daily truck checks. An informal inquiry was started at that time by Battalion 2 to determine the possible date and personnel involved in the damage to Engine 921. Battalion Chiefs Joe Stewart, Colin Fredericks, John Ashley and Randy Barfield performed the inquiry and discussed the incident with Station 920 personnel to determine exactly what had happened to Engine 921.

On Friday, April 5, 2013, Battalion Chief Joe Stewart found evidence that confirmed Engine 921 had been damaged in a backing incident that occurred on March 28, 2013. It was found that Engineer James Williams had backed Engine 921 to turn around on Pfundstein Road after completing a medical call on Belcher Rd. This was confirmed by Lieutenant John Beery who was working overtime with James Williams at the time. Lt. Beery met Battalion Chief Stewart in the area of Pfundstein Rd. to locate the exact spot where Engineer Williams had turned E-921 around and evidence was found that confirmed the engine had struck a fence.

This is to inform you that a formal investigation has begun into the damage to Engine 921, Battalion Chiefs John Ashley, Joe Stewart, and Colin Fredericks will be conducting the investigation.

We need you to provide a written statement describing the events that occurred on March 28th during the medical call #1307131. Please include your description of events while turning Engine 921 around on Pfundstein Rd. after the call was completed. Please complete your statement and return to Battalion 2 as soon as possible.

Thank you,

Joe Stewart Battalion Chief 2 863-559-7027 Meso

POLK COUNTY FIRE DEPARTMENT UNWANTED INCIDENT REPORT

То:	FIRE CHIEF						
From:	R/U LT Gary Bales		Employee #: 117				
Date:	March 29, 2013						
INCIDENT: (Brief Description): lower rail and light on passenger rear of engine damaged							
LOCATION	OF INCIDENT: unkno						
STORY OF INCIDENT: (Include facts and details of incident): During truck check found the lower rail and light inside the rail damaged on the rear passenger side of the engine. Spoke with off going crew and they were unaware of the damage.							
	Employee's Sigr	nature	Date				
	THE COURT OF WATER HE STATES	the state of the second second second	and the state of t				
Mary and the second sec	Literatura de la Colombia del colombia de la colombia del colombia de la colombia del la colombia de la colombia de la colombia de la colombia de la colombia del la colombia de la colombia de la colombia de la colombia de la colombia del la colombia de la colombia de la colombia de la colombia de la colombia del la colombia dela colombia del la colombia del la colombia del la colombia del la	NOTE: Comments by Company officer/Supervisor, and Battalion Chief must include the following: observations, results of investigation/s and recommendations for prevention. This form should be completed after investigation is completed.					
observations, completed aft	ents by Company office results of investigation/s er investigation is comp	s and recommendation leted.	ns for prevention. This form should be				
observations, completed aft	ents by Company office results of investigation/ er investigation is comp	s and recommendation leted.	ns for prevention. This form should be				
completed after COMPANY (rents by Company office results of investigation/ser investigation is comp DFFICER'S/SUPERV	s and recommendation leted. ISOR'S COMMENT ed B shift and the o	ns for prevention. This form should be				
completed after COMPANY (ents by Company office results of investigation/ser investigation is comp DFFICER'S/SUPERV LT Nichols who work	s and recommendation leted. ISOR'S COMMENT ed B shift and the o	ns for prevention. This form should be				

	Signat	ure	
DISPOSITION:			
	gnature		Date
ASSISTANT CHIEF'S COMMENTS			
Si	gnature		Date
DEPUTY CHIEF'S/MANAGER'S CO	OMMENTS:		
Si Employee Pre-Discipline Worksheet At			
S	ignature		Date

.

John W. Ashley

From:

James Williams

Sent:

Thursday, April 11, 2013 2:33 PM

To:

Subject:

John W. Ashley

March 28, 2013 damage report

On March 28, 2013 we received a medical call # 1307131 on Pfundstein rd. The rd is a dirt rd and began to get ruff about three hundred yards in so I parked the truck and rode the rest of the way to the call with Medic 93. Upon completion of the Medical call Lieutenant Beery walked one way as I drove the Engine the other way. I found a driveway to turn around in. The driveway was narrow and the road was rough I backed the truck into the driveway and turned the truck around and proceeded to leave to pick up Lieutenant Berry. I never felt anything strike the truck nor was the damage severe enough to notice when we got back to the station. During shift exchange on March 29, 2013 Engineer Gary Bales brought the damage to my attention. There were painters at station 920 who began painting and the over spray was blowing in front of the station so we had to immediately move the trucks. Engineer Gary Bales said he would do an unwanted report on the truck and I stated that off the top of my head I didn't think I hit anything but was unsure because we had ran three calls that shift and didn't know where the damage could've happened. I don't know if the damage was due to my backing or from me pulling out and the tail swing grazing the fence.

Thank you,

James Williams

On Thursday March 28th, 2013 I worked overtime at Station 920 C-shift in Babson Park with Engineer James Williams. That shift, we ran 3 emergency calls which at the time I believed to be without incident. On Thursday April 4th, 2013 I received a call from Battalion Chief Colin Fredericks asking me if I knew about damage to the rear of Engine 921, or if any damage was reported to me. I replied that I was not aware of any damage, and that none had been reported to me during my shift. He also asked me if there were times that the truck was driven without my presence in or around it, and if something could have happened then. I replied that there were several times during the shift where this happened, and that it was a possibility. The next day while on duty at my regular station, I was asked by my Battalion Chief Joe Stewart similar questions about that day, and I gave the same responses. He asked me if I would meet with him in the area of our emergency calls to retrace where the truck had been that day. I agreed.

While in the area of Tiger Creek, we reviewed where Engine 921 had been during two calls in the area. During this review, we found what appeared to be damage from Engine 921 from the passenger side. Damage that I was unaware had even occurred. The damage appeared to have occurred while the unit was being turned around at 1105 Pfundstein Road after completing a call at 583 Belcher Road.

While discussing the call with Chief Stewart, I explained to him that due to the nature of the roads in this area we were unable to take the unit all the way down to the location of the call. I contacted the ambulance on the radio and arranged to meet with them near the entrance so we could ride back to the call in their unit. We met with them where Pfundstein road first turns south, and rode back in the unit to the call. After getting the patient in the ambulance, we rode back with them towards the entrance, where we were dropped off at our truck. James got into Engine 921, drove several hundred feet further south down the road and proceeded to back up into a driveway at 1105 Pfundstein Road. I began to walk towards him to assist him, but due to the distance between us he already had the unit turned around and heading towards me to pick me up before I got to him. While walking towards him facing south I had a view of him from the driver side of the unit and watched him back up, adjust, back up again, and then pull out back onto Pfundstein Road to pick me up. I got into the unit unaware that damage had occurred to the passenger side and returned to the station.

John Beery Lieutenant

John By 4-6-13

St. 960 B-shift



EMPLOYEE PERFORMANCE EVALUATION REPORT

Name: James	Williams				P/R#:	Emple	oyee #:	11286
Job Class: Firef	ighter 56		(E4)	Date:	12/13/2012	Hire D	ate: _	1/8/2009
Dept: N/A	7/			Div:	Fire Rescue			
Annual Evaluat	ion:	X	Initial Probati	on Evalu	ation:	_	Special	:
Evaluation Peri	od: From	01/08/12	To 01/08/13	9 1000	Date of Last E	valuation:	1	/8/2012
Excellent		Performani	Rating S		ds ob requirements d	lemonstrates	quality p	erformance.
Successful Needs Improveme Unsatisfacti		consistenti Performani necessary developme Performani avoid discip	y effective and one occasionally to achieve succent due to inconside frequently do blinary action.	achieves falls belo essful job sistent pe es not me Substantia	requirements. Me expected results w acceptable job e performance. Op formance in the performance in the perf	xpectations, in portunity exis s, improveme necessary to r	mprover ts for fur nt is nec neet mir	nent is ther sessary to simal
Let' and Localitates seeming	orden sitte-section	norm.			Salation of Mr. www. tales			
I. Gl	ENERAL	L SKILLS	AND TRAI	TS:				
1.	Depen	dability:				Rating:	E	xcellent
	judgment	t nents: Fire		s has pro	y to perform with a			
2.	Respect,	consideratio relations wit	h management,	tact and subordina	tions: overall effectivenerates, peers, and out	side business	human	ccessful relations; s; includes
	Comm				n the team environ h his peers and mar		develop	ed a
3.	Quantit	ty of Wor	k:			Rating:	Su	ccessful
J.	Ability to condition	complete w s; effective u ents: Fire	ork within norn use of resources fighter William	s has the	mits; volume of wo	ork produced	under n	ormal
4.	Quality	of Work				Rating:	Ex	cellent
٠.	Degree to resources	which work	fighter Williams	s is an exc	gh and completed veptional firefighte and needs little su	without waste	of time ms his d	and
5.	Custom	er Service	e:			Rating:	Ex	cellent
٥.				neliness i	n dealing with cust	-	nternal	and external)

Comments: Firefighter Williams has the utmost respect for management and our customers. He treats everyone he interacts with care and compassion.

11.	SPE	CIFIC RESPU	Employe	:ен: 11200	
	1.	Completion of a	nnual firefighter/engineer physical.	Rating:	Successful
		Comments:	The annual physical will be completed by Janu	ary 9, 2013	
	2.	Executes all fire	fighting, rescue and medical operations.	Rating:	Excellent
		Comments:	Firefighter James Williams is very proficient in medical operations and demonstrates a great we		refighting and
	3.	Accuracy of rep	orts, records and pre-plans.	Rating:	Successful
		Comments:	Firefighter Williams completes reports accurate assigned pre-incident plans up to date and comp		
	4.	Maintenance of	apparatus, equipment and facilities.	Rating:	Successful
		Comments:	Firefighter Williams always ensures equipment functioning properly. Firefighter Williams takes they are clean and well maintained.	entrusted to us i s pride in our fac	s clean and cilities and ensures
	5.	Completes depart	tmental training requirements	Rating:	Excellent
		Comments:	Firefighter Williams completes all training requirements hesitation. Firefighter Williams recently promot attempt.	irements timely ted to Engineer of	and without on his first
	6.	Driving/Operation	g apparatus.	Rating:	Successful
		Comments:	Firefighter Williams was a participate in our rid Firefighter Williams demonstrated profiency in additional experience, Firefighter Williams will	the position of I	rior to promoting. Engineer. With
	7.	Tactical decision	making.	Rating:	Successful
		Comments:	Within the scope of his position, Firefighter Wilensure a safe environment.	lliams makes sou	and decisions, that
III.	ATT	ENDANCE/L	ATENESS:	Rating:	
	Ex	tent to which emp d gives timely noti	loyee: Uses sick time judiciously; is on time to voce to supervisor when absences are necessary.	vork and doesn't	abuse breaks;
	TOTA	AL HOURS OU	JT SICK: 0 TOTAL	L TIMES LA	TE: 0

Comments:

Employee#:	11286			
1	Personnel Management: Hiring Decisions: Staff Development: Employee Relations: Performance Reviews: Retention of Staff:	Rating:		
2.	Communication Skills: Oral Skills: Listening Skills: Keeps Staff Informed: Writing Skills: Formal Presentations: Keeps Mgr. Informed:	Rating: Rating: Rating: Rating: Rating: Rating:		
3.	Leadership: Integrity: Vision/Creativity: Equal Opportunity Efforts: Motivational Skills: Example to Others:	Rating: Rating: Rating: Rating: Rating:		
4. V. PER	Organizational: Planning: Effective Delegation: Organizing: FORMANCE SUMMARY	Rating: Rating: Rating:		
and facil bec	onclusion, Firefighter James W dedication to PCFR is above d litate any undertaking. Firefigh ause of that, he will continue to ome an excellent Engineer and	epartment iter Willian i lead by e	al expectations and he is alwa ns exemplifies pride in his pro- cample. With some additiona	ys willing to ductivity and I experience he will

 ${\bf GENERAL\ MANAGEMENT/SUPERVISORY (where\ applicable)}$

IV.

OVERALL PERFORMANCE RATING:	Successful	
VI. EMPLOYEE COMMENTS:		
VII. SIGNATURES:		1 1
Supervisor Initiating Report: wan	Date:	2/5/#3
Doug Die Ny		1 - 17
Reviewing Manager: John Ashley	Date:	2-2-13
Reviewing Manager:	Date:	1-27-2013
Tony Crouse		
Employee: Ullu	Date:	2-3-13
James Willian	ms	
	Rev. 8/0	5

. . .

Payroll Action Form

O New Hire O Transfer\Promotion O Misc

Employee Details

	Payro	II Action Form	
O New Hire			GOD D
Employee	Details		- 6/2
Employee Number	11286	Organization	Fire Rescue
Person Type	Employee	Position #	02745
First Name	James	Job	Driver/Engineer
Middle Name		Pay Grade/Step	F23
Last Name	Williams	Location	Choose one
Suffix		Payroll	Special Risk BOCC
SSN		Status	Active Assignment
Date of Birth		Salary Basis	Non Exempt 56
Gender	Choose one	Exempt Status	
Veteran Status	Choose one	Assignment Category	Fulltime-Regular
Address 1		FRS Group	Choose one
Address 2		Timekeeper	Deborah Jones
City		GRE	
State	Choose one	Base Payrate	13.65
Zip Code		Incentives	.30 (EMT)
County	Choose one	Email	
Rotation Plan	C Rotation Special Risk	Adjusted Service Date	
Time Entry Group	FIRESRV56	Effective Start Date	01/07/13
Reason for PAF	Promotion FF 56 to Driver/Engineer	Effective End Date Term Date	
		Term Code	Choose one
Divis	ion Director Human Resources Offi	ice Budget O	ffice County Managers Office

Print

EMPLOYEE REQUISITION AND JUSTIFICATION POLK COUNTY BOARD OF COUNTY COMMISSIONERS BARTOW, FLORIDA

.

✓ REPLACEMENT POSITION NE	W/ADDITIONAL POSITION	POSITION #	01022
REPLACING James Williams	WADDITIONALTONION	HOURS WEEKLY	56
IOR TITLE Firefighter 56		PAY GRADE	F22
JOB TITLE Firefighter 56 DIVISION Fire Rescue		DATE LEAVING 01/07/	2013
THIS POSITION WILL WILL NOT	✓ INCREASE THE PAYR	OLL FOR THIS DEPARTMEN	NT
HOURS OF WORK FROM 24/7	TO		
HOURS OF WORK FROM 24/7 FROM	TO 24/7 DAYS OF T	HE WEEK WORKED 7	
POSITION JUSTIFICATION	10		
FOSITION JUSTIFICATION			
X			
ADVERTISING desired is: (check one below)	SUGGESTED TIME PARAMET	ERS: (check one below)	
In-house only	5 working days		
Open (<u>check desired choice(s) below</u>)	7 working days		
County bulletins	10-15 working days Pending - monthly review	or (Impour hard to fill)	
Local newspapers	Pending - monthly review	w (known nard to fill)	
Website (specify below) State newspapers/journals	INTERVIEWING SUPERVISOR		EXT
National journals, newsletters, or	HIRING SUPERVISOR		EXT
others desired (specify below)	24972		
AM.			
WILL THIS POSITION REQUIRE A TEST? IF SO, I	PLEASE SPECIFY BELOW:		
WILL THIS TOSTHON REQUIRE A TEST, II 50,			
	David C Cash		
- The second sec	TYPED OR PRINT	PED NAME	DATE
DIVISION DIRECTOR	I I PED OR PRINT	IED NAME	DAIL
HUMAN RESOURCES	TYPED OR PRINT	ED NAME	DATE
COUNTY MANAGER	TYPED OR PRINT	TED NAME	DATE
COUNTIMANAGEN			

Ellen Mason

From:

Steve Buttermore

Sent:

Wednesday, November 28, 2012 3:47 PM

5 b

To:

Ellen Mason

Cc:

Caren A. Wheeler; John K. Allison Jr

Subject:

PAF

Ellen,

We need to do a PAF to promote the following personal to Driver Engineer

- Matt Russell (C-Shift)
- David Seeright (B-Shift)
- James Williams (C-Shift)
- Pete Grossmueller (B-Shift)

The start date will be January 7, 2013

If you have any questions please get with me

Steve Buttermore

Battalion Chief
Polk County Fire Rescue - Safety and Training
PO Box 1458 Drawer FR 01
Bartow Fl. 33831
863-519-7377 phone
863-519-7439 fax
stevebuttermore@polkfl.com

OUTSIDE EMPLOYMENT

TO: Supervisor or Division Director	Job Title
I request permission to engage in part-time, outside employment This employment will in no way conflict or create a problem wit position. I understand and agree to all the provisions of the Polic in the Employee Handbook (County Policies and Procedures).	th my performance in my regular County
Name of Firm Shane's Tractor Service IN	C
Address of Firm 10941 Country New Dr	
Type of Business excapation	
Describe Duties operating heavy equipment	
Average Hours Per Week	
Employee's Signature Employee's Printed N	Name Employee Number
	Date (-28-12
APPROVED:	
Division Director	Gal 30/12 Date
Department Director	Date



B. Employee Health Services 2010 East Georgia Street

2010 East Georgia Street
Bartow FL 33830-6709
Ph: 863-534-5280 Fax:863-534-5278



EMPLOYEE PERFORMANCE EVALUATION REPORT

Name: WILLIAM						P/R#:	N/A	Employee	
Job Class: FIRE	FIGHTER	<u> </u>			Date:	12/19/2011		Hire Date:	1/8/2009
Dept: N/A		02.504	1250000000	100	_	FIRE RESCU	E	1950	NAME OF THE OWNER
Annual Evaluation		X		al Probati	on Evalu			Spec	
Evaluation Perio	d: From	1/8	/11_To_	1/8/12		Date of La	ist Evalua	tion:	1/8/2011
			j	Rating S	tandar	ds			
Excellent	=	Perfo	rmance co	nsistently e	exceeds j	ob requiremen	nts: demon	strates quali	ty performance.
Successful	=					requirements expected resu		ajor job requ	irements, is
Needs Improvement	<u> </u>	neces		nieve succ	essful job	w acceptable jo performance formance.			
Unsatisfactor		avoid expec norm.	disciplinary tations. Pe	y action. S erformance	Substantia requires	eet job expecta al improvement assistance a	t is necess	sary to meet	
I. GE	NERAI	SKI	LLS AN	D TRAI	TS:				
1.	Depen	dabili	ity:				Ra	ting:	Successful
	Reliabilit	0	responsibil	ity on the j	ob; abilit	y to perform	with a min	imum of sup	ervision; use of
	Comm		duties are and	d succeeds in ac	ccomplishing		pting. Firefight	ter Williams assist	ams knows what his ts others when needed, t
2.	Team V	Vork	and Inte	rperson	al Rela	tions:	Ra	ting:	Excellent
	Respect,	conside	eration, coo	operation,	tact and	overall effecti	veness in l	nandling hun	nan relations;
				1000		50.00 X 10.11			tacts; includes
	individua	l and g	roup intera	ctions; abi	lity to fu	nction as a tea	m membe	r	
	Comm	ents:	with other tea	m members and e nothing but po	d citizens wh	om he comes in cor	tact. Firefighte	r Williams' fellow	ams gets along very wel v employees/team is highly respected with
3.	Quantit	ty of V					Rat	ting:	Successful
				ithin norm	nal time l	imits; volume	of work p	roduced und	er normal
	condition	s; effec	tive use of	resources					
	Comm	ents:	Firefighte	r Williams	complet	es all his assig	nments/tas	sks in a timel	y manner, using
						ghter William	s demonstr	rates positive	results- no
0.	12 1331	92/25/310		assignmen	nt/task.		(925)		
	Quality					70 FG FG		ing:	Excellent
		which	work is ac	curate, nea	it, thorou	gh and compl	eted witho	ut waste of t	ime and
1	Comm	ents:	pays attention	to detail. Firefi	ighter Willian	d in an accurate, or ns keeps his supervi	isor aware of is		no time or resources- s that come up
5.	Custom	er Sei	rvice:				Rat	ing:	Successful
				nce and tim	neliness i	n dealing with		~	nal and external)
,	Jour way,	rospect	, competer	ioo ana m	LUMIOSS L	r avaiming with	ousioniel:	· (com mion	mi una ontoinal)

Comments: Firefighter Williams demonstrates a high level of professionalism. Firefighter Williams does not hesitate to assist customers who are in need of help, whether the customer needs medical, fire, or other assistance. Firefighter Williams' supervisor had witnessed citizen contact involving Firefighter Williams with the end result of the customer being very pleased.

CIFIC RESPO	ONSIBILITIES AND GOALS:	Employe	e#: 11286
Completion of a	annual firefighter physical.	Rating:	Successful
Comments:	Last Annual Physical completed 1/2011: Fire scheduling his next physical in January 2012		will being
Executes all fire	fighter, rescue and medical operations.	Rating:	Successful
Comments:	Firefighter Williams executes/demonstrates a SAFE wor firefighting, rescue, and medical operations without hes displays an eagerness to learn attitude, to better himself	itation or difficulty. Fi	refighter Williams
Accuracy of rep	orts, records and pre-plans.	Rating:	Successful
Comments:	Firefighter Williams has the knowledge and k accuratley documenting applicable fire/medic		
Maintenance of	apparatus, equipment and facilities.	Rating:	Successful
Comments:	Firefighter Williams assists the engineer in daily/weekly truck ch Williams notifies his engineer/supervisor of all issues/discrepenci position, Firefighter Williams takes the initiative to solve or resol Firefighter Williams takes pride in vehicle/station appearance and	ies in a timely manner. In ve issues/discrepencies w	an Acting Engineer ithout prompting.
Completes depar	tmental training requirements.	Rating:	Successful
Comments:	Firefighter Williams completes his training in a timely manner- his target sa refresher. Firefighter Williams takes measures, on his own account, to either scheduled off during that time or he will make-up missed training, as soon a successfully completed Fire Service Hydraulic and Pump Operations, which Acting Engineer Capacity.	r complete the prescribed train is practical. During this rating	ing well in advance, as he is period, Firefighter Williams h
Oriving/Operation	ng apparatus	Rating:	Successful
Comments:	In an Acting Engineer position, Firefighter W driving habits. Firefighter Williams follows/de Policy/Procedures, as it relates to Driving and	emonstrates depar	tmental
		Rating:	• 80 mg/s 6 Mg/s 70 mg/s 6 ms 1
Comments:		·	
NDANCE/LA	ATENESS:	Rating:	Successful
ing the construction of th	loyee: Uses sick time judiciously; is on time to ce to supervisor when absences are necessary.	o work and doesn't	abuse breaks;
AL HOURS OU	JT SICK: 24 Sick TOTA	AL TIMES LA	ГЕ:0

II.

III.

Comments: Administration: FMLA Sick 284.00 FMLA Vacation 51.10: According to Firefighter Williams payroll, he has used FMLA Sick: 56.27, FMLA Vacation: 24, Regular Sick: 24, and Regular Vacation: 170.50- Total: 274.77 hours. Firefighter Williams has not reported to work late or tardy. Firefighter Williams keeps his supervisor informed of all absences in a timely manner.

GENERAL MANAGEMENT/SUPERVISORY(where applicable) IV.

Employee#: 11286

Personnel Management: 1

Hiring Decisions: Rating: Not Applicable Staff Development: Rating: Not Applicable Employee Relations: Rating: Not Applicable Performance Reviews: Rating: Not Applicable Retention of Staff: Rating: Not Applicable

2. **Communication Skills:**

Oral Skills: Rating: Not Applicable Listening Skills: Rating: Not Applicable Keeps Staff Informed: Rating: Not Applicable Writing Skills: Rating: Not Applicable Formal Presentations: Rating: Not Applicable Keeps Mgr. Informed: Rating: Not Applicable

3.

Leadership: Integrity: Rating: Not Applicable Vision/Creativity: Rating: Not Applicable **Equal Opportunity** Efforts: Rating: Not Applicable Motivational Skills: Rating: Not Applicable Example to Others: Rating: Not Applicable

Organizational: 4.

Planning: Rating: Not Applicable Effective Delegation: Rating: Not Applicable Organizing: Rating: Not Applicable

V. PERFORMANCE SUMMARY:

Firefighter Williams demonstrates the knowledge, skills, and abilities required for the position of firefighter/EMT and Acting Engineer (Ride-Up). Firefighter Williams has demonstrated becoming more knowledgable in the fire service by successfully completing Fire Service Hydraulic and Pump Operations. Firefighter Williams' goals and objectives for next rating period is to continue to better himself as a firefighter, complete the state exam for pump operator, attend the next driver engineer promotional testing, and maintain a positive attitude. Firefighter Williams demonstrates himself as an asset to Polk County Fire Rescue- an employee that you can depend on. Management encourages Firefighter Williams to keep up the good work!

OVERALL PERFOR	MANCE RATING:	Successful	
VI. EMPLOYEE C	OMMENTS:		
VII. SIGNATURES:	1		
Supervisor Initiating R	/ D. A ()	Date:	1-3-2012
Reviewing Manager:	FLISSELL, Jeff	f Date:	1-3-20/2
Reviewing Manager:	Eli) Juse	Date:	1-3-2012
Employee:	willin	Date:	1-3-12
	WILLIAMS, Jam		
\ /		Rev. 8	8/05

FLORIDA JOINT AND SPINE INSTITUTE

6325 US HWY 27 N.SUITE 201

SEBRING, FL 33870

PH: 863-385-2222 FX: 863-382-8765

1204 CARLTON AVE.

LAKE WALES, FL 33853

PH: 863-676-9523

FX: 863-676-1654

400 AVE. K SE, BLDG 4 WINTER HAVEN, FL 33880

PH: 863-299-3210

FX: 863-299-2968



CERTIFICATION OF HEALTH CARE PROVIDER

Nov. 9. 2011 8:18AM & Efforida Joint & Spine Institute of Alberta

No. 7250 1 P. 1 1

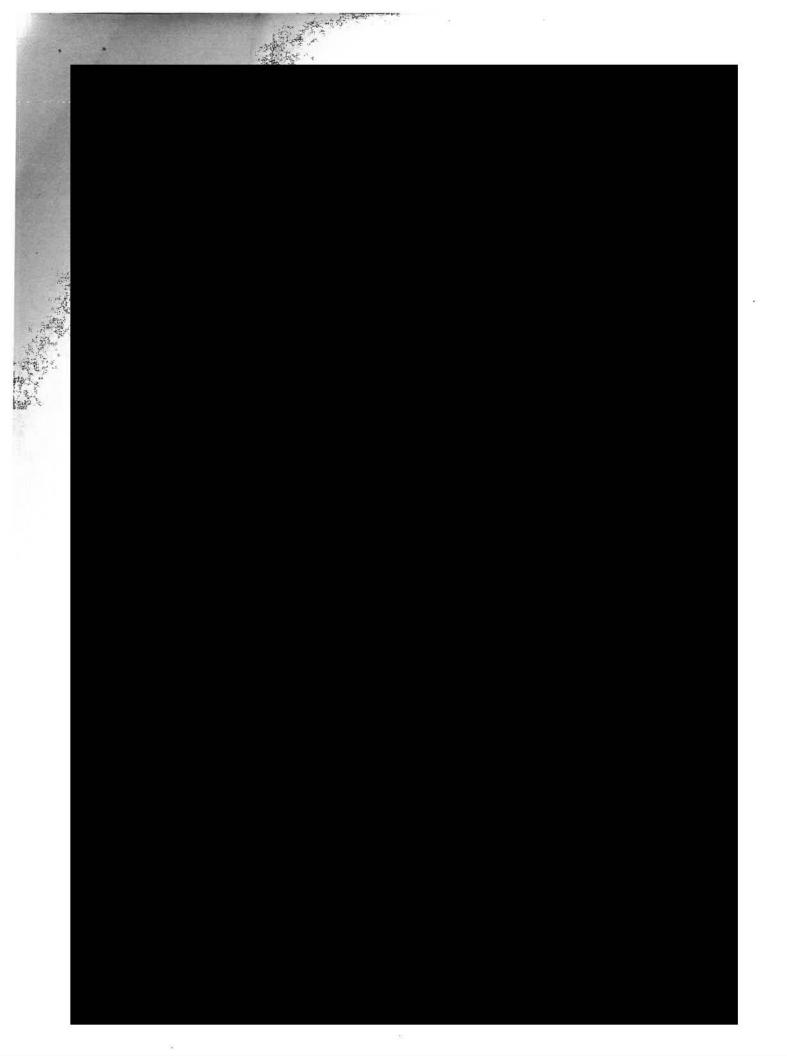
519-7439

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CERTIFICATION OF HEALTH CARE PROVIDER

(Family Medical Leave Act of 1993)





POLK COUNTY BOARD OF COUNTY COMMISSIONERS

Employee Request for or Designation of

Family Medical Leave and Employer Response					

EMPLOYEE PERFORMANCE EVALUATION REPORT

Name: James Williams		P/R#:	Employee #:	11286
Job Class: Firefighter		Date: 9/22/2010	Hire Date:	1/8/2009
Dept: Public Safety		Div: Fire Rescue		
Annual Evaluation: _	X Initial Probat	tion Evaluation:	Special	:
Evaluation Period: Fro	m <u>01/8/10</u> To <u>01/08/11</u>	_ Date of Last Ev	aluation: 1	/8/2010
Excellent =		Standards exceeds job requirements: de	emonstrates quality p	erformance.
Successful =	Performance consistently consistently effective and	meets job requirements. Meachieves expected results	ets major job requirer	ments, is
Needs =	Performance occasionally	/ falls below acceptable job ex cessful job performance. Opp		
Unsatisfactory =	avoid disciplinary action.	oes not meet job expectations Substantial improvement is no ce requires assistance and su	ecessary to meet mir	nimal
I. GENER	AL SKILLS AND TRA	ITS:		
	endability: bility and responsibility on the nent	e job; ability to perform with a		sion; use of
Con	nments: With almost two y extremely reliable	years of experience as a Firefig and can be trusted to perform		
Respe	n Work and Interperson ect, consideration, cooperation les relations with management dual and group interactions; a	, tact and overall effectivenes t, subordinates, peers, and outs	ss in handling human side business contacts	
Con	nments: Firefighter William others. FF William	ms functions very well as a teans willingly joins in with the te		
Ability condit	y to complete work within nor cions; effective use of resource nments: Firefighter William excellent manner. work on daily duti	es ns has constantly been on time When truck checks are compl	ork produced under n	luties in an
to the Office of the Contract	lity of Work		-	xcellent
resour	nments: Firefighter William Firefighter William	ee ester in arceton to the substitute and a	completes task on tin	ne. horoughly. I
	omer Service: esy, respect, competence and t		Rating: Su	ccessful

Comments: Whether Firefighter Williams is at the station or on scene, he is eager and courteous when assisting the public.

II.	SPE	CIFIC RESPO	ONSIBILITIE	S AND GOA	LS:	Employ	ee#:	11286
	1.	Completion of a	nnual firefighter p	hysical.		Rating:	Succes	ssful
		Comments:	Latest physical (01/13/10.		_		
	2.	Executes all fire	fighter, rescue and	l medical operati	ons.	Rating:	Succes	ssful
		Comments:	Firefighter Willisuccessfully. Fire as a Firefighter.	efighter Williams	does not hesit	ate to perform	his respon	ons Isibilities
	3.	Accuracy of repo	orts, records and p	re-plans.		Rating:	Succes	sful
		Comments:	Firefighter Williamd consistently. needs to learn ho	Though Firefigh	iter Williams pa	articipates in pr	keeping ac re-plans, h	curately ne still
	4 .	Maintenance of a	apparatus, equipm	ent and facilities	•5	Rating:	Succes	sful
		Comments:	Firefighter Willia called upon, Fire care for facility n	fighter Williams	e apparatus and is willing to pe	equipment suc rform without	ccessfully.	When , extra
	5.	Completes depar	tmental training re	equirements.		Rating:	Success	sful
	6.	Comments:			-	Rating:	4.55 de 2	
	7.					Rating:		
		Comments:						
III.	ATT	ENDANCE/LA	ATENESS:			Rating:	Success	ful
	Ext	tent to which emplored to the state of the s	oyee: Uses sick ti ce to supervisor w	me judiciously; i hen absences are	s on time to we necessary.	ork and doesn't	abuse bre	aks;
	TOTA	AL HOURS OU	T SICK:	0	TOTAL	TIMES LA	ГЕ: _	
		Comments:						

Emple	oyee#:	11286			B-T-1	
	1	Personnel Management:	:			
		Hiring Decisions:	Rating:			
		Staff Development:	Rating:		4	
		Employee Relations:	Rating:			
		Performance Reviews:	Rating:			
		Retention of Staff:	Rating:			
	2.	Communication Skills:				
		Oral Skills:	Rating:			
		Listening Skills:	Rating:			
		Keeps Staff Informed:	Rating:			
		Writing Skills:	Rating:	· · · · · · · · · · · · · · · · · · ·		
		Formal Presentations:	Rating:			
		Keeps Mgr. Informed:	Rating:			
	3.	Leadership:				
		Integrity:	Rating:			
		Vision/Creativity:	Rating:	·		
		Equal Opportunity		·		
		Efforts:	Rating:			
		Motivational Skills:	Rating:			
		Example to Others:	Rating:			
	4.	Organizational:				
		Planning:	Rating:	-		
		Effective Delegation:	Rating:			
		Organizing:	Rating:			
V.	PERI	FORMANCE SUMMARY	<i>7</i> :			
	his do comr and t	ghter Williams has been emp uties eagerly and competently nunication skills. Firefighter V houghtful of others. Firefight Overall Firefighter Williams is	y. Firefighte Villiams inte er Williams	er Williams constant eracts well with mos has scheduled to co	ly improves his st employees, and is	tolerant

 $GENERAL\ MANAGEMENT/SUPERVISORY (where\ applicable)$

IV.

OVERALL PERFOR	RMANCE RATING:	Successful	
VI. EMPLOYEE C	COMMENTS:		
VII. SIGNATURES			
Supervisor Initiating F	Report:	Date:	3/3/2011
Reviewing Manager:	Jeffery Sexton Matthew Wilt	Date:	3/3/11
Reviewing Manager:	Tony Crouse	Date:	3-7-2011
Employee:	James Williams	Date:	3-24-11
)	Rev.	8/05

Vet Status Sel		Pay Grade/Step Location Payroll Status Salary Basis Exempt Status Assignment	Firefighter 56 F22.0 Special Risk BoCC Active Assignment Non Exempt 56
Middle Name Last Will Name Suffix II SSN Date Of Birth Gender Ethnic Origin Vet Sel	liams lect List Item	Pay Grade/Step Location Payroll Status Salary Basis Exempt Status Assignment	F22.0 Special Risk BoCC Active Assignment Non Exempt 56
Last Name Suffix II SSN Date Of Birth Gender Ethnic Origin Vet Sel	lect List Item	Location Payroll Status Salary Basis Exempt Status Assignment	Special Risk BoCC Active Assignment Non Exempt 56
SSN Date Of Birth Gender Ethnic Origin Vet Status		Payroll Status Salary Basis Exempt Status Assignment	Active Assignment Non Exempt 56
Date Of Birth Gender Ethnic Origin Vet Sell		Status Salary Basis Exempt Status Assignment	Active Assignment Non Exempt 56
Birth Gender Ethnic Origin Vet Sell		Salary Basis Exempt Status Assignment	Non Exempt 56
Ethnic Sellorigin Vet Status		Exempt Status Assignment	
Origin Vet Status		Status Assignment	
	lect List Item	Assignment	
ones or and an analysis		Category	Fulltime-Regular
I-9 Status Sel	lect List Item		
I-9 Expiration		Timekeeper	Caren Wheeler
US Style		GRE	
Address	100	Base Payrate	12.07
City		Incentives	.30
State		Email	
Zip		_ Adjusted Service Date	
County		Effective Start Date	
Rotation C F	Rotation Special Risk	Effective End Date	
Earning Policy Fir	re Fighter Earnings Policy	Employee Number	11286
Time Entry FIF Group	RESRV56		
Costing 12	191.290522012.5112010		Select List Item
Costing		Reason for PAF	EMT Incentive

2 8 2011

EM

Budget Director County N

Human Resources

Dept. / Division Director Jim Bell / David Cash

County Manager



Hereby Certifies

Fames L. Williams

as an

CAIT - Basic

In Testimony Mereof, the seal of the National Registry of Emergency Medical Technicians in consideration of having satisfied the prescribed national standards for certification. and the signatures as authorized by the Board of Directors are hereunto affixed duly registered together with all the rights and privileges appertaining thereto this Geventh day of Ganuary, 2011 H.D.



Chairman of the Board

Willian - E Broan O

Red-1-25-11

STATE OF FLORIDA

ASSURANCE	CONTROL NO	128420
DEPARTMENT OF MEALTH OF MEDICAL QUALITY ASSURANCE	CERTIFICATION NO.	EMIT 533878
DIVISION OF I	DATE	01/11/2011

The EMERGENCY MEDICAL TECHNICIAN named below has met all requirements of the laws and rules of the state of Florida.

DECEMBER 1, 2012 Expiration Date:

GOVERNOR

Kimberly Berfield DEPUTY SECRETARY

DISPLAY IF REQUIRED BY LAW

CERTIFICATE HOLDER SIGNATURE

SMALLINW SAMAL SEMAL

The EMERGENCY MEDICAL TECHNICIAN named below has met all requirements of the state of Flonds. Expligation Date: DECEMBER 1, 2012 Expiration Date:

EMT 533878

CERTIFICATION NO. PEPARTMENT OF HEALTH BOUNDS AC# \$235599

E. flatio 2-21-40

Rec'd 2-10-11 CLL

EMPLOYEE PERFORMANCE EVALUATION REPORT

Name: James Williams			P/R#:	Employee	#:	11286		
Job Class: Firefighter	Trainee 1	Date:	1/8/2010	Annual:		1/8/2009		
Dept: Public Safety		Div: F	ire Services					
Initial Probation:	Special:	Eval	uation Period: From	1/8/2009	To	1/8/2010		
Date of Last Evaluatio	n:							
	Rating	Standard	s					
Excellent =	= Performance consistently			nstrates qua	lity pe	erformance.		
Successful	 Performance consistently consistently effective and 	l achieves e	expected results					
Needs =	 Performance occasionally necessary to achieve such development due to income 	cessful job	performance. Opport	tations, impr unity exists fo	ovem or furt	ent is her		
Unsatisfactory =	 Performance frequently of avoid disciplinary action. expectations. Performan norm. 	Substantia	I improvement is nece	ssary to mee	t min	imal		
I. GENER	AL SKILLS AND TR	AITS:						
1. Der	endability:		R	ating:	Suc	ccessful		
Reli	Reliability and responsibility on the job; ability to perform with a minimum of supervision; use of judgment							
Con	mments: Firefighter Willia him. While direc project through.		n prompt. He has acco n is often needed to en					
	am Work and Interper			ating: Ne				
incli	pect, consideration, cooperating the second sections with managemy vidual and group interactions are sections.	ent, subordi	nates, peers, and outsi	de business c				
Co.		carpool group	all amounts of strife between was shattered due to various intefere with his station wor	us issues. James	m. He will n	fostered a eed to work to		
3. Qu	antity of Work:		R	ating:	Suc	ccessful		
Abii	lity to complete work within ditions; effective use of resou	irces						
Со	mments: Firefighter Willia supervision. It w projects.		e everything asked of d for him to develop n					
4. Qu	ality of Work		R	ating:	Su	ccessful		
	ree to which work is accurate	e, neat, thor	ough and completed w	ithout waste	of tir	ne and		
	ources mments: While direct sup-	ervision is c	often needed to ensure	completion	Firef	ighter		
Co	Williams is capa							
	work habit to ave		:		•			
	stomer Service:			ating:		ccessful		
exte	artesy, respect, competence as ernal)							
Co	mments: Firefighter Willia people at ease. T		gift of gab. He is very se here is he tends to g					

impress people more with words than with actions.

П.	SPE	CIFIC RESPONSIBILITIES AND GOALS:	Employee	#: 11286			
	1.	Completion of annual firefighter physical.	Rating:	N/A			
		Comments: All recruits have been told to schedule physic	cals in January.				
	2.	Adheres to rules, regulations and standard operations procedures.	Rating:	Successful			
		Comments: As part of his recruit training, Firefighter Wi learning the various procedures of the Fire R		ood deal of time			
	3.	Obtain knowledge of Fire Rescue Division operations.	Rating:	Successful			
		Comments: Over the past year, Firefighter Williams has obtained a basic understanding of how the Division operates. His goal now is to further that knowledge through practical experience as a line firefighter.					
	4.	Completes departmental training requirements.	Rating:	Successful			
		Comments: Firefighter Williams has completed the thing completed the minimum standards course.	s management assig	gned. He has also			
	5.		Rating:				
		Comments:					
	6.		Rating:				
		Comments:					
	7.		Rating:				
		Comments:					
			7850 es				
III.	ATI	TENDANCE/LATENESS:	Rating:				
	at	xtent to which employee: Uses sick time judiciously; provides fter 4 days used without doctor's note during year; is on time to eves timely notice to supervisor when absences are necessary.					
	Sick	hours with Doctor's Note: 0					
	1707 5 510	hours without Doctor's Note: 0	PAT TIMESTA!	re. o			
	101	TAL HOURS OUT SICK: 0 TOT	TAL TIMES LA	1E:			

Comments:

IV. GI	ENERAL MANAGEME	N1/SUPERVISORY (where	applicable)			
Employee#:	11286					
2.	Personnel Managemen Hiring Decisions: Staff Replacement: Employee Relations: Performance Reviews: Retention of Staff: Communication Skills: Oral Skills:	Rating: Rating: Rating: Rating: Rating: Rating:				
	Listening Skills: Keeps Staff Informed: Writing Skills: Formal Presentations: Keeps Mgr. Informed:	Rating: Rating: Rating: Rating: Rating:				
3.	Leadership: Integrity: Vision/Creativity: Equal Opportunity: Efforts: Motivational Skills: Example to Others:	Rating: Rating: Rating: Rating: Rating: Rating: Rating:				
4	Organizational: Planning: Effective Delegation: Organizing:	Rating:Rating:				
V. PERFORMANCE SUMMARY: Firefighter Williams has successfully completed the initial training requirements of the firefighter position, and is continuing to learn the roles and responsibilities of his new position. Management is confident in Firefighter Williams' ability to continue the training process, culminating in his certification as an emergency medical technican within the calendar year 2010.						
VI. REC VII. EM I notices and interpe	ersonal relations, The	EP INCREASE:	the CIOCK O	and dient see		
VIII. SIG	NATURES: Initiating Report:	the fit	Date:	112/1/0		
Reviewing	Manager:	from	Date:	1/21/2010		
Reviewing	Manager:		Date:			
Employee:	Am h	ullin	Date:	1 / 26 / 10		
1-50 1050		James Williams		Rev. 8/05		

	applicant sign a letter that he / she may						
	po	ssibly terminal	tion in case of sitation				
New H	re mo	oving violations	s, on or off duty.				
Person Type	Employee	Organization	Pire Services Arrill (054)				
First Name	James	Position #	The state of the s				
Middle Name		Job	Firefighter Trainee				
Last Name	Williams	Pay Grade/Step					
Suffix		Location					
SSN		Payroll	Special Risk BoCC				
Date Of Birth		Status					
Gender		Salary Basis	Non Exempt 40				
Ethnic Origin	Select List Item	Exempt Status					
Vet Status		Assignment Category					
I-9 Status		People Group					
I-9 Expiration		Timekeeper	Joyce Brock				
US Style		GRE					
Address		Base					
City		Payrate Incentives	1				
State	EI						
		Email Adjusted					
Zip	33809	Service Date					
County		Effective Start Date	1/5/2009				
Rotation Plan	Regular Rotation Plan	Effective End Date					
Earning Policy	Fire	Employee Number					
Time Entry Group	FIRESRV40 OPERATIONS	Term Date					
Costing	12191290522012	Term Code	, ·				
Costing		Reason for PAF	New Hire				
Costing) ///						
1	will last						
Dept.	/ Division Director Pe	ersonnel	County Manager				

POLK COUNTY BOARD OF COUNTY COMMISSIONERS & CLERK OF COURTS APPLICATION FOR EMPLOYMENT PERSONNEL OFFICE

P.O. Box 9005, Drawer CA03 - Bartow, Florida 33831-9005

Phone: (863) 534-6030 ** Fax: (863) 534-6534 ** Employment Hotline: (863) 534-7600, 322

INTERNET ADDRESS: www.polk-county.net

AN EQUAL OPPORTUNITY EMPLOYER M/F/D/VP

PRINT CLEARLY IN BLACK INK AND COMPLETE ALL INFORMATION

IF AN ITEM DOES NOT APPLY TO YOU, WRITE "N/A" (NON-APPLICABLE) IN THE PROPER SPACE AN "N/A" MUST APPEAR IN EVERY SPACE

DRUGFREE WORKPLACE

NAME:	JAMES I	WILLIAMS		Social Se	ecurity	Number:		
PRESENT ADDRESS	S:							
MAILING ADDRESS	S:							
HOME PHONE:								
BUSINESS PHONE:			EXT:	PERSON TO	CONTA	ict:		
MESSAGE PHONE:			EXT:	PERSON TO	CONTA	CT:		2
LICENSE NUMBER:								
STATE ISSUED:	<u>FL</u>	EXPIRATION DAT	E:	2/11/	2013	CLASS:	<u>O</u>	
HAVE YOU EVER BE	EN CONVICTED	OF AN OFFENSE A	GAINST THE LA	W?		<u>Yes</u>		
FOR PURPOSES OF THIS QUESTION "CONVICTED" INCLUDES PLEADING GUILTY OR NOLO CONTENDERE, REGARDLESS OF ADJUDICATION.								
A conviction does not to the position for which in a court of law to ind have been charged mu committed before your	It you are applying. lude criminal convict ist be listed below.	Give all facts so that lons. Traffic violation You may omit: (1) T	t a decision can be ns within the last t raffic violations for	made. If your hree years (other which you paid	answer er than p a fine o	is "YES", list all co parking), and/or a f \$30.00 or less: (onvictions against	t vou
Date	Place	Charge	Violation	Action			Remarks	
02/2003	JC PENNEY	GRAND	THEIFT	ADJUDIO	ATION	WITH HELD	ADJUDICAT	ION W
SELECTIVE SERVICE			20000020002	200		Scot		
MILITARY SERVICE: DATES OF DUTY: F			services?	2000 002000	BRANC			
Are you a member of		TO	No	Rank a	t Disch	arge:		
	51 YAW	anizations:	No					
'eteran's Preference: P xpedtion for which a ca ervice are allowed vete	pecial Training Received: eteran's Preference: Persons who have been honorably seperated from the armed forces for service during any war or any campaign or specification for which a campaign badge or service medal has been authorized and who have served more than 180 days in active war time ervice are allowed veteran's preference consideration in accordance with the provision of Chapter 295, Florida Statutes. Applicant will be equired to furnish proof of claim (DD214 or VA letter) for veteran's preference consideration prior to date of employment.							
eteran's Preference	Claim: Active Wa	artime or Campaig	n Service?		No	Disable Vetera	ın:	No
lave you used VP sin	ice 1 October 198	17? <u>No</u>	Where?					
s the Unmarried Wid	dow of War Veter	an? <u>No</u>	Advised of VP re	egulations (ini	tials):			
s the Wife of Vetera	n who is unable t	o pursue gainful e	mployment beca	use of disabil	ity?			No

WORK HISTORY

Begin listing with present/last employer and list all employers. If necessary use blank sheets and attach them to this form:

Dates

Employer Name

Title

Salary

01/2004 - 10/2008

SHANES TRACTOR SERV

OPERATOR

400

Responsibilities

Reason for leaving:

Name Employed Under:

JAMES WILLIAMS

ilicant ID No:

48009

4				
May we contact your Present/Past Employ	vers?			Yes
When?				0.00
Currently Employed?				Yes
If chosen, when can you start?				10/7/2008
Are you available to work fulltime?				Yes
Would you be willing to work flexible sche-	dules?			(No)
Do you have any relatives employed with	Polk County?			No
Relationship:				
Name:				
Where Employed:				
Title:				
Have you been previously employed by us	,			No
Date:				
What Depatment:				
Supervisor:				
Minimum acceptable salary?	\$			
EDUCATION AND TRAINING: HIG	H SCHOOL, COLLEGE,	OR ADDITIO	ONAL TRAINING	
School Name:	Dates:	Graduated:	Degree Type:	
LAKE GIBSON HIGH	05/2000 - 05/2003	~	AGRICULTURAL E	CONONICS

SKILLS:

LICENSES:

olicant ID No:

48009

REFERENCES:

Name	Address	City	State	Zip	Phone	Ext.
ANTONY SUPOTO	1232 CUMBEE RD	LAKELAND	FL	33810	863-559-4500	
BRET SOSHA	3243 SHANNON DR	LAKELAND	FL	33809	863-604-0503	
AUSTIN WIKER	8759 MOORE RD		FL		863-307-0948	

Emergency Contact Name:

shane wiker

Relationship:

dad

Home Phone:

Work Phone:

863-661-2965

Address:

Ext.:

Applicants selected for employment must successfully complete a pre-employment physical which will include tests for illegal drugs. If the initial drug test is positive you may not be eligible for employment.

Safe Driver Policy

Any applicant applying for a position with Polk County that requires they possess a valid Florida driver's license, Chauffeur's license, or a Commercial License at the time of employment willnot be given consideration for employment if they aren't at least 18 years of age, and, if their driving record reflects they:

- 1. Have been convicted of an alcohol/drug related offense within 36 months prior to making application.
- 2. Have been conflicted of two (2) alcohol/drug related offenses with ten (10) years prior to making application.
- 3. Have a suspension, revocation, or restriction due to moving violations within the 36 months prior to making application.
- I. Have a templorary license from the Court permitting them to travel "To and From" work only, or permitting them to "Drive at work only".
- i. Have accrued 12 points within the 24 months prior to making application.
- i. Have accrued 18 points within 36 months prior to making application.
- '. Cannot provide proof of insurance when required to use their personal vehicle as part of their daily job duties.

PECIAL NOTES:

.. The County also reserves the right to disqualify an applicant from a driving position based on their "total" driving record, even if they meet he above stated requirements.

. All applicants applying for these positions must have a valid driver license which is appropriate for the position which applying.

licant ID No:

48009

icant Name:

JAMES

L

WILLIAMS

JOB APPLICATION CERTIFICATION:

I certify that I have read, understood, and received the job description for the position of

FIREFIGHTER TRAINEE

Job Order No.: 10290

and I can perform the essential functions of this position with or without reasonable accomodations.

I also certify that all statements made on this form are true, complete, and correct t the best of my knowledge and belief and are made in good faith. I understand that mis-representation or omission of facts shall be considered basis for rejection of my application or disharge if employed. My signature authorizes my previous employer to release any information regarding my past employment.

If made an offer of employment, I agree to submit to a pre-employment physical and drug test as a condition of such employment.

I understand that Polk County will conduct a criminal record check through the Florida Department of Law Enforcement as part of the required review process for potential employment.

Signature of applicant:		Date:	12/11/2008
	JAMES L WILLIAMS		

POLK COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER M/F/D/VP

No person shall, on the basis of race, color, sex, age, religion, national origin, disability, or marital status be excluded from participation in, be denied the benefits of, or subjected to discrimination under any program or activity under the jurisdiction of the government of Polk County. We appreciate your interest and the time you have taken to complete this application.

Applicant ID No:

48009

Applicant Name:

JAMES

WILLIAMS

-2 Wage and Tax 2007	OMB No. (1946-1808	1 Wages, 5pt, other impercellon 20800.00	2 Festeral income tax withheld 1839.24
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hane Tractor Service, Inc.)



^{*}ampa, FL 33606 Suite 102 217 North Howard Ave. w.KeithLigorilaw.com

JAMES L. WILLIAMS 10941 COUNTRY VIEW DR. LAKELAND, FL 33809

ADVERTISEMENT



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PIN 059587346 CASE DOCKET INQUIRY PIN 059587346 CASE DOCKET INQUIRY

CASE 2 CF03 - 002862 - XX CITATION UCN:53-2003-CF-002862-01XX-XX

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STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF DRIVER LICENSES TRANSCRIPT OF DRIVER RECORD

Private Unity Find I Am The Custodian Of The Records Of Sald Division of Driver Licenses And That This is A True And Corract Transcript Of The Above Named Subject's Driving Record As Taken From The Official Records On File in This Department. DIRECTOR NOTE: SOME LICENSES ISSUED BY THE STATE OF FLORIDA ARE VALID IN FLORIDA ONL THIS RESULTS FROM APPLICANT RETAINING A VALID LICENSE FROM ANOTHER JURISD "THIS VIOLATION CANNOT BE USED TO SURCHARGE AN AUTOMOBILE LIABILITY INSUR	END OF RECORD In Compliance With Section 322.201, F.S. I. Sandra C. Lambert, Safety And Motor Vocations State City F.S. I. Sandra C. Lambert,	12/07/05 01/25/07 01/25/07	10/22/07 11/08/07 PC 12/07/05 PC	02/12/07 03/09/07 PC	01/26/07 06/02/07 02/12/07 10/22/07 10/22/07 09/19/02 10/15/02 07/27/04 10/27/04 PC	PERSONAL INFORMATION FOR MAILING LIST ** PERSON HAS A DIGITAL	CONVICTION REINSTATEMENT DATE				ACT
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DRIVER'S LICENSE RECORD AGREEMENT

OLK COUNT

December 24, 2008

To:

JAMES WILLIAMS

From: DAVID C. CASH, FIRE CHIEF

SUBJECT: DRIVER'S LICENSE RECORD

During the review of your job application and driving record, there were several citations of the law that came to our attention. Since your position requires you to drive a Public Safety vehicle, we have concerns that warrant the following in lieu of rejecting your application:

- This applicant, if hired, will abide by all Board of County Commissioners policies, as well as Division policies, in respect to safe, defensive driving practices as outlined.
- If employee is found to not abide by these safe practices, during initial probation, employee is subject to termination.
- If employee receives additional unsafe citations during initial probation, on or off duty, employee may be subject to termination. Employee is responsible to contact their respective supervisor within 24 hours of receiving a traffic citation.
- If employee becomes involved in "an at fault preventable accident," employee may be subject to termination.

I agree to the above and understand the intent of this agreement.

Applicant	Date	





REQUEST FOR ANNUAL LEAVE BUY BACK RELATED TO DECLARED DISASTER

I am requesting cash payment of hours (maximum 80 hours for 40 hour personnel or 112 for 56 hour personnel) of annual leave as allowed under County policy 8.17(1). I understand that cash payment of these annual leave hours will be included with my regular bi-weekly paycheck (no later than the second regular pay day following receipt of this request form by the Human Resources Office).
I also certify that this request is directly related to losses I incurred relative to a declared disaster. Employee's Signature
Print Employee's Full Name
10 11 Employee # 11286
Division Director's Signature Division Name
Today's Date 11-25-17

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EMPLOYEE PERFORMANCE EVALUATION

I. EMPLOYEE INFORMATION

NAME (Lest, First, Middle Initial):				
JOB TITLE: Captain/EMT			SUPERVISOR: BC Ben Cassista	
PERIOD OF EVALUATION: FROM:	01/01/2017	01/01/ _TO:		

II. EVALUATION OF GENERAL WORK AND PERFORMANCE

RATING SCALE

The following rating scale is provided to ensure consistency in the job performance expectations of the Polk County Fire Rescue Division and to assist in assigning the most appropriate measurement of an employee's performance.

- Unsatisfactory Frequently does not meet job expectations, improvement is necessary to avoid disciplinary action. Substantial
 improvement is necessary to meet minimal expectations. Performance requires assistance and supervision above and beyond the
 norm.
- 12. Needs Improvement Occasionally falls below minimal job expectations and improvement is necessary. Opportunity exists for further development due to inconsistent performance.
- 13. Minimum Successful Performs the minimal requirements of the position. Opportunity for further development exists by increasing productivity and taking on additional tasks.
- 14. Successful Consistently performs above minimum productivity requirements. Meets major job requirements, is effective and achieves expected results.
- 15. **High Successful**Consistently performs well above minimum productivity requirements. Meets major job requirements, takes on additional tasks, shows initiative, is effective and achieves expected results.
- 16. Excellent Performance consistently exceeds job requirements: demonstrates quality performance and is an example to others. This employee has the ability to fill in for other positions when needed.

	ival Period Strategy for Performance Improvement (Has the employee learned or increased their knowledge or skill lentified in a prior evaluation?)
Ĩ	Comments:
	During this evaluation period, Captain James Williams completed the Leadership Development Course and was promoted to his current rank. Captain Williams continues to educate himself through classes and training. Rating
	valuation Period Goal 1 (Was the goal met, where set milestones and/or timelines attained and how effective was the employee completing the task or project?) Comments: Rating
III. OVEF	OVERALL EVALUATION RALL PERFORMANCE RATING Successful
2724720000	MARY OF PERFORMANCE/ACCOMPLISHMENTS e a summary of the employee's performance during the review period in support of the average performance rating.
a st Will for (erall Captain James Williams has had a successful evaluation period. Captain Williams has trong work ethic, this is shown in his work performance and those he supervises. Captain liams has excellent customer service skills which are demonstrated on a daily basis. A goal Captain Williams to work towards is obtain the required pre-requisites for paramedic school attend as soon as possible as this is a requirement for his position. Keep up the good k.

VI. EMPLOYEE COMMENTS

7	The employee is invited to express his/her opinion on the evaluation and attach additional sheets if necessary.
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VII. EMPLOYEE ACKNOWLEDGEMENT

The signature of the employee indicates the evaluation has been reviewed with the employee. It does not indicate agreement with the supervisor's evaluation. The employee has the right to express his/her opinion on the evaluation in the section provided above.

Employee Signature

Date

Supervisor Signature

Date